# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3868 -

**CERTIFICATE OF DEATH** 

03803

						-	
1, PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLANI	2. USUAL RESIDENCE	(Where deceased I	lived. If institution b. COUNTY	Anne Ar	
b. CITY OR TOWN (If outside con RURAL and give nearest town Annapodis	)	c. LENGTH OF STAY IN 11	Total Control	(If outside corporo	le limits, write RUI	RAL and give n	eorest lown)
d. NAME OF HOSPITAL (If not in OR INSTITUTION	n hospital, give street	oddress)	d STREET ADDRES				o, IS RESIDENCE
Anne Arundel gen			857	Spa Road			YES NO K
3. NAME OF DECEASED (Type or print)	First Nellie	Middle	ADAMS	4. DATE OF DEATH	Month April		Doy Year 16 19 61
5. SEX   6. COLO	R OR RACE 7- MARE	IED NEVER MARRIED	B. DATE OF BIRTH	9		THE RESERVE OF THE PARTY OF THE	R IF UNDER 24 HRS.
Female Neg	ro WIDOWI	DIVORCED	November 24	, 1886	74 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give k during most of working life, an	ren if retired)	KIND OF BUSINESS OR IN		yland	ntry) -	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	of Bi	Man	14. MOTHER'S MAID		alth	eno	ال
	ARMED FORCES? 16. or or dates of service)	SOCIAL SECURITY NO. 17	liola Da	lker-a	Addres	dis	Sund.
18. CAUSE OF DEATH [Enter	only one couse per li	ne for (o), (b), and (c).]			1		TERVAL BETWEEN
PART I, DEATH WAS C	AUSED BY: TE CAUSE (o)	Meningitis,	pyogenic type	9	/	01	5 days
3403	DUE TO						
Conditions, if ony, which							
gave rise to immediate couse (a), stating the under-							
lying couse lost.	(c)						
1	ricant conditions of the property of the prope	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVE	N IN PART 1(o)	PERFORMED? YES XX NO
	YING [] 206. DES OF DEATH EXAMINER;	CRIBE HOW INJURY OCCUI	RRED. (Enter noture of injur	ry in Port I or Port I	l of item 18.)		
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. Ii While of wor	_ Not while	PLACE OF INJURY (Home, foctory, street, office bldg.		r town)	(County	y) (Stote)
21. I certify that I atte	ended the deceas	ed from Apr. 1	2, 1961, to	Apr. ]	15, 1961	,that I last	saw the deceased
alive on Apr. 15		61, and that dec	oth occurred at 2:3	QA.M, from	the causes an	nd on the d	ate stated above
ACTUAL Con		100		ADDRESS (Stre	set, city or town, st	lote)	DATE SIGNED
ACTUAL SIGNATURE	1. 6		_m.o. 62 Ca	thedral S	št.,		4/17/61
PHYSICIAN'S Aris	T. Allen,	M.D.	Anna	polis, Mo	1.		
220. BURIAL, CREMATION, 22b. C	-20-61	Secretery Selection	Y OR CREMATORY !!!	200 LOCATIO	ON (City, town, or	county !	(Stote)
23 FUNERAL DIRECTOR'S SIGNATI	TRE	ADDRESS		REC'D BY REGISTRA	1 //	TRAR'S SIGNATI	

may be retained by the has TO HOSPITAL OR ATTENDIN VS A15 (4) 15M 9/55

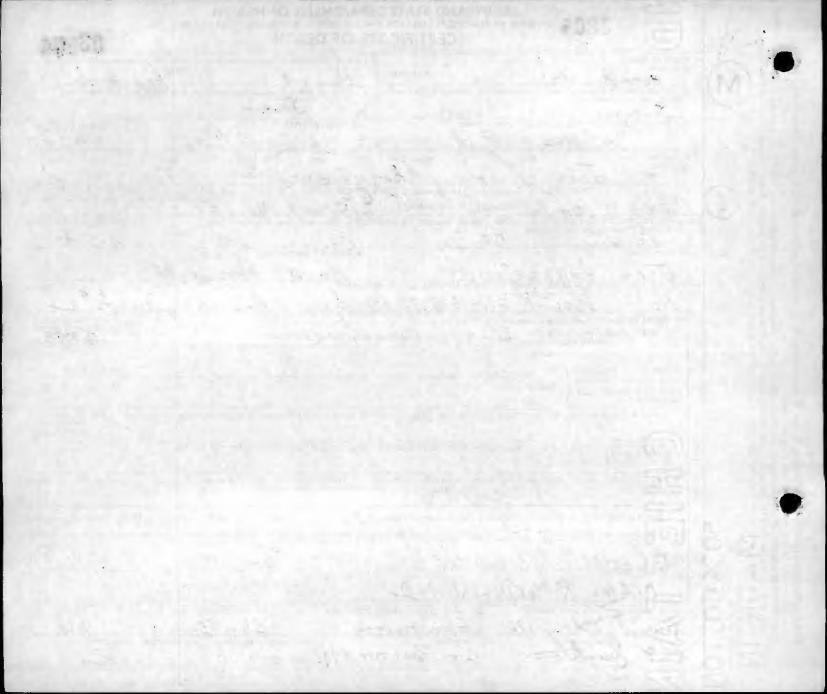
KYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

<b>es</b> • → • • • • • • • • • • • • • • • • • •	NTAEB RO ETADISTEED
40,15,15	

VR A1E (4) ISM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CER	RTIFICATE	OF DEATH		03804
1.	o. COUNTY	MARYLAND 2.	USUAL RESIDENCE (Where	deceased lived. If institution b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16			URAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address)	/	d. STREET ADDRESS	V7	e. IS RESIDENCE
	OR INSTITUTION He Merest Road		Heller	est Road	ON A FARM? YES NO
3.	Office of print) John V-Andrews	Middle And	sejewski)	DATE Mon	1 - 29 1961
S.	11/1 / 1/2	MARRIED 2 8. S	7 th Merch 19	9. AGE (In years lost birthdoy) 70 yrs.	Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired)	IESS OR INDUSTRY	11. BIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRYS
13.	FATHER'S NAME Andra Dieusks	1	Amma	Pour mot	1
	WAS DECEASED EVER IN U. S. ARMED PROCES? 16, SOCIAL SECURI	17 NO. 17, INFO	RMANT E	Andrews -	Samo As #2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), o	nd (c).]	6		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: [MANEDIATE CAUSE (a)] PARCZI	10114	Nectury		ONSET AND DEATH
	1544 DUE TO	•			
	Conditions, if any, which ) (b)				
	gove rise to immediate DUE TO				
	lying couse lost. (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERMINA	al disease condition giv	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
CERTIFICA	20s. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (	Enter noture of injury in Par	t I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURR Hour a. m., p. m. 19 of work ☐ at work		OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State
	21. I certify that (I) (this haspital) attended the decessor the deceased alive an 4-28-6/19		4 0	, to April	1961, that (I) (we) last
9	220. SIGNATURE P. MacRounla	MILLMI	ATTENDING _ MED	STAFF PHYS.	4-24-6
	22c. PHYSICIAN'S NAME (Type) /05 R. Mar Dorald,	M.D.	22d. ADDRESS	Burne	Mel
230	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF REMOVAL (Specify) 2nd May 196/ 6/27	F CEMETERY OR C	REMATORY 2	Selen Burn	ar county) (State)
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Burm	E) 144 DATE MA	ey registrar 2sb. regi	STRAK'S SIGNATURE
_			[0] P.C.		CAramil D' LAbanna



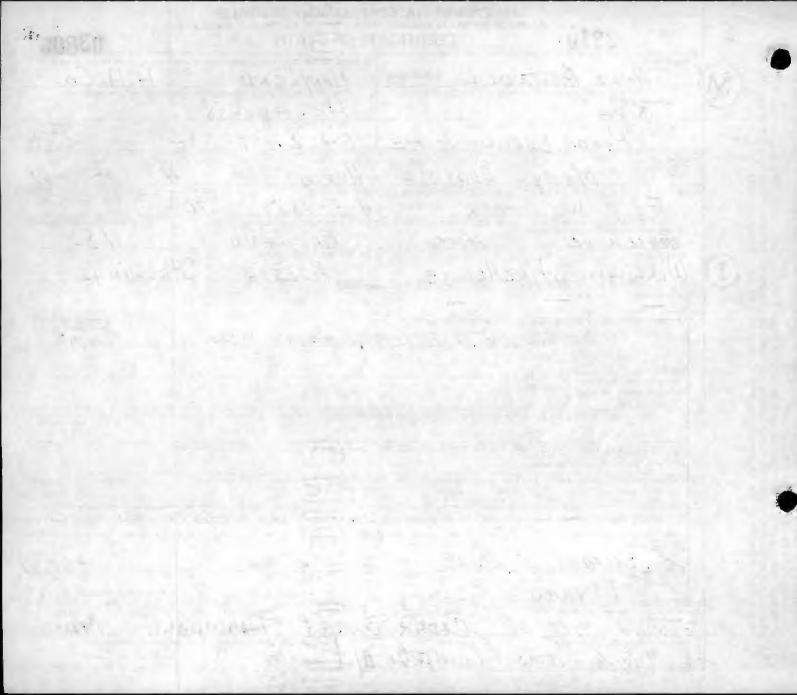
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH BALTIMORE 1, MARYLAND

2210

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		9070	CERTIFICA	IL OI DEATH		1108113
1	1. PL	ACE OF DEATH COUNTY PARE APPLACE	E / MARYLAND	2. USUAL RESIDENCE (Where deceased li	ved. If institution: Residence b. COUNTY	befare admission)
		CITY OR TOWN (If autside carporate limits, write RUPAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate	timits, write RURAL and give	e nearest lawn)
		NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION AND A JURS)	ing HOME	d. STREET ADDRESS 134 EAST	5+	e. IS RESIDENCE ON A FARM? YES NO
	DE	AME OF First CEASED (Ppe or print)  MARY	ALBERTA	AURIAI 4. DATE OF DEATH	Month	Day Year 14 196/
	S. SEX	F W WIDON	WED DIVORCED	4-5-1881	last birthday) Months Do	YEAR IF UNDER 24 HRS. Dys Hours Min.
	d	USUAL OCCUPATION (Give kind of work dane 10 luring most of working life over if retired)	HOME	MARYLAND	iry) 12. CITIZE	N OF WHAT COUNTRY?
	_	VILLIAM StiNC	HEOMB	14. MOTHER'S MAIDEN NAME	Stablia	195
		(If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17, IN	FORMANT	Address	
	16	B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		TIC HEART DISE	ASE	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which (b)				
		gave rise to immediate couse (a), stating the <u>under-lying cause last.</u>				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
		PR CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I ar Part II	of item 1B.)	
	WEDICAL 02	Hour a.m. Whi	fan	ACE OF INJURY (Hame, farm, 20f. (City or tary, street, affice bldg., etc.)	tawn) (Cou	unty) (State)
		I I certify that (I) (this hespital) attended to the deceased alive an 7.47	20 1	eath accurred atM, from th	4.4.PR , 1%/ e causes and an the c	
	4	6 award &	Beck.	M.D. ATTENDING MED. DIRECTOR D	STAFF PHYS.	226, DATE SIGNED
	7	PACE PHYSICIAN'S FOWARD S.	BECK	23 Franklin	St anna	polis med
	B	SURIAL, CREMATION, 23b. DATE THEREOF REMOVER (Specify) 4-17-61	23c. NAME OF CEMETERY OF	BLUTT PUN	Apohis	MD-
	24. FV	WERAL DIRECTOR'S SIGNATURE	ADDRESS OF A	MAC 25d. REC'D BY REGISTRA		ATURE Kinus

TO HOSPITAL OR ATTENDING TYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pape 4 may be remained by the hosp transcentricate has been signed by the attending physician and completely filled in by the funeral director. After trus certificate has been signed by the attending physician and completely filled in by the funeral directors. Abound be detached far use as the burial-transit permit. Then please remained carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remained, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3811

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

03806

1. PLACE OF DEATH 0. COUNTY	Anne Aru	ndel	MARYL		USUAL RESIDENCE (			Anne Ar		
b. CITY OR TOWN (II RURAL and give no Annapol	outside carporate limi grest lown) 18	ts, write	e. LENGTH OF STAY IN	116	c. CITY OR TOWN (I	lf outside corpor polis	ote limits, write I	RURAL and give	nearest law	m)
d. NAME OF HOSPIT OR INSTITUTION Anne Arunde	Al (If not in hospital, g				d. STREET ADDRESS	6th St.			ON	SIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	Fran		Middle J		BALL	4. DATE OF DEATH	April	_	Day LO	Year 1961
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIED		January 26		9. AGE (In years lost birthdoy) 63 yrs.	Months Day		Min.
CASMIER	N (Give kind of work ing life, even if retired	10	TTL: ING Co		Maryla	and	uniry)	12. CITIZEN	OF WHA	T COUNTRY
19. FATHER'S NAME				1	4. MOTHER'S MAIDEN		nch			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		0-09-5869	HOSF	TAL Reich	B-AA.		ANNA 6	115-	Md
PART I. DEAT		KO	otar (0), (b), and (c).)  atual b	u V	bopurunen	ia			NSET AND	
couse (a), stating ( lying cause lost.	he under- DUE TO	}								
3 cluterti	nal obit	webre	ontributing to DEAT	ty	melitur	-		VEN IN PART 1(0	PERF	DRMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		RIBE <sup>1</sup> HOW INJURY OC							
ZOc. TIME OF INJURY Hour a. m. p. m.	r Manth, Day, Ye	20d. IN While at wark	_ Not while_		OF INJURY (Hame, for, street, affice bldg., o		ar tawn)	(Cauni	†y}	{State}
	April 10, William John L. He	, 126	d from Mar. 8  1, and that c	leath od	121 C	OP.M. fram ADORESS (Str athedral	the causes of th	and an the a	date stat	ed above pate signer 11/61
BREMOVAL (Specify) 23. FUNERAL DIRECTOR'	4/14/19	61	LOUGON ADDRESS	PA.	RK Cem	FREED BY REGISTI	ERICKA	OF COUNTY)  LE PS ALT	(Sto	nd

D FUNERAL DIRECTOR: After that certificate has been signed by the attending physician and completely filled in by the funeral director as should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. may be retained by the hasp VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING

IVSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

MARYLAND STATE CENANTHERY OF SUMTH-SALTUNCIE. I All and an Mile and Art and Audio Street The section of the se per per la company de la Catalana de The state of the s Dall Calleton

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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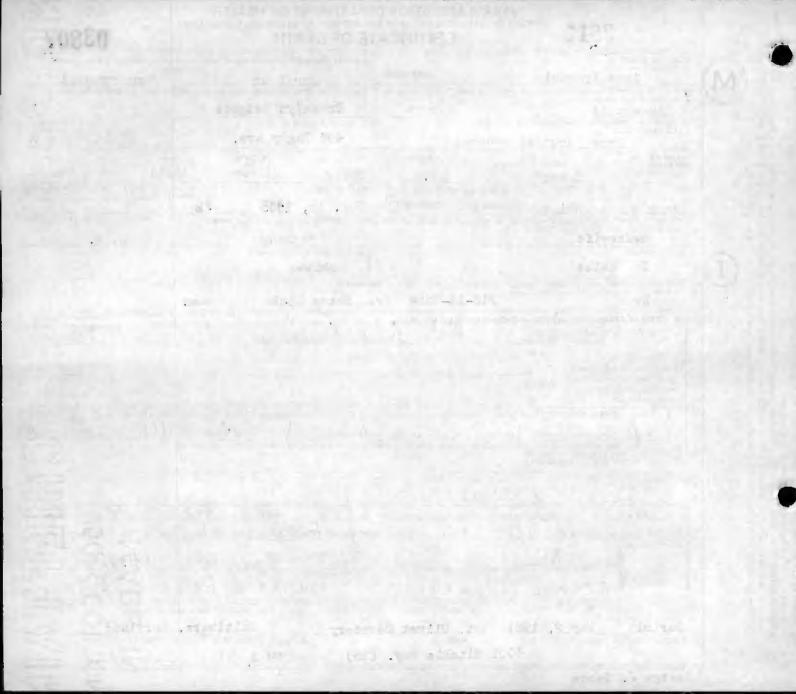
MACE OF DEATH			CEKII	FICATI	OF DEA					no.	US	6
PLACE OF DEATH     COUNTY     Ann	e Arundel		MAR	RYLAND	USUAL RESIDENC o. STATE	E (Where deced		f institution	Anne	12		n)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN		porote limits	, write RI	URAL ond	give neare	est town)	
Annapo			2 day	5	K Breekl;	yn Heig	hts					
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, a	120	oddress) neral		d. STREET ADDRE	gby Ave				ŵ.	IS RESID	ARM.
3. NAME OF DECEASED (Type or print)	Fil		Middl		lost	4. DATE OF DEA		Apri		Day 28	Ye	ear 6
S. SEX	6. COLOR OR RACE	7. MARR	R.	RIED B. I	Bauer DATE OF BIRTH	DEA	9. AGE (	-	IF UNDER			7
Female	White	WIDOWE	-		Nov. 15,	1888	72	yrs.	1	,		
during most of wo	ON (Give kind of work rking life, even if retired <b>SWIT</b> ®	dane 10b.	KIND OF BUSINESS	OR INDUSTR	47	(State or foreign Many	n country)			J. S.	VHAT CO	UNTI
13. FATHER'S NAME	Kelbe	-			14. MOTHER'S MAIL							
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of	service)	SOCIAL SECURITY N	_	RMANT Betty Si	huba	Sas	Addr	ress			
	ATH [Enter only one of ATH WAS CAUSED BY:		ne far (o), (b), and (c	e).]		•				INTER	VAL BETY	WEEN
1100	IMMEDIATE CAUSE (		Truck	true	is Theun	renue	-			1 4	6 6-00	w
491) Conditions, if	DUE TO		yrun	trene	is freun	remen				1	0 0-00	w)
Conditions, if gave rise to cause (a), stating lying cause lost	any, which ) (kinmediate ) DUE TO	)	<i>yrun</i>	trend	io preun	remen				9	o v-va	w
gave rise to cause (a), stating lying cause lost	any, which ) (kinmediate ) DUE TO	) )	CONTRIBUTING TO D		1						WAS AI	UTOP MED?
gave rise to cause (a), stating lying cause last PART II. O' PART II. O' 200. ACCIDINT WORK OR CONTRIBUTIN	any, which immediate DUE TO	no moitions of		evening o	breas 2	. ne	ubeli	Mel			WAS AI	UTOP MED?
gave rise to cause (a), stating lying cause last PART II. O' PART III. O' O' CONTRIBUTION O' O' CONTRIBUTION O' O' CONTRIBUTION O' CONTRIBUTIO	DUE TO  AS UNDERLYING  CAUSE CAUSE  CAY  CAS UNDERLYING  CAUSE OF DEATH  WEDICAL EXAMINER  RY Month, Day, Ye	PODITIONS C	CONTRIBUTING TO D  CRIBE HOW INJURY  NJURY OCCURRED  Not while	OCCURRED.	breas 2	ory in Port I or I	ubeli	Mel m 18.)	lite		WAS AI	UTOP MED? NO
PART II. OT PART III. OT PART II. OT PART III. OT PART	DUE TO  any, which immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Ye  19  at (1) (this haspita	DODO DODO DODO DODO DODO DODO DODO DOD	CONTRIBUTING TO D  CRIBE HOW INJURY  NJURY OCCURRED  Not while at wark	OCCURRED.	Enter nature of inju  OF INJURY (Home y, street, affice bldg	pry in Port I or I	Part II of iter	Ned m 18.)	lite	Caunty)	WAS AI PERFOR	UTOPMED? NO
PART II. OT PART III. OT PART II. OT PART III. OT PART	DUE TO  AND TO THER SIGNIFICANT CON  TAS UNDERLYING   G	DODO DODO DODO DODO DODO DODO DODO DOD	CONTRIBUTING TO D  CRIBE HOW INJURY  NJURY OCCURRED  Not while at wark	OCCURRED.	OF INJURY (Home y, street, affice bldg	pry in Port I or I	City or town)  The talk of the	Med m 18.)	lite	Caunty)	WAS AI PERFOR	UTOPMED? NO   (Steel date)
PART II. OT PORT III. OT PORT III. OT PORT III. OT PART I	DUE TO  any, which immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Ye  19  at (1) (this haspita	p) p) p) p) p) p) p) pointions of the pointion	CONTRIBUTING TO D  CRIBE HOW INJURY  NJURY OCCURRED  Not while at wark	20e. PLACI factor d from	Enter nature of injunction of INJURY (Home y, street, affice bldg	o, form, 20f. (0)  o, form, 20f. (0)  MED. DIRECTOR	City or town)  The talk of the	Med m 18.)	lite	County)  67, that e date	WAS AI PERFOR	UTOPMED? NO   (Stee) for above
gave rise to cause (a), stating lying cause lost PART II. OI PART III. OI OR CONTRIBUTION (IF EITHER, NOTHER HOUR a.m. p. m.  21. I certify the saw the deced 22a. SIGNATURE (Type)	THER SIGNIFICANT CON  AS UNDERLYING OF DEATH  Y MEDICAL EXAMINER)  at (1) (this haspital and the content of the	DOINGS OF THE PROPERTY OF THE	CONTRIBUTING TO D  OF Un Li C  CRIBE HOW INJURY  NJURY OCCURRED  k of work of while  at work of work  ded the decease  1961., an	20e. PLACI factor d from	Enter nature of inju  E OF INJURY (Home y, street, affice blds  ATTENDING PHYS.  22d. ADDRESS 12 (  CREMATORY	, form, 20f. (C g., etc.) 20f. (C D J.M., fro MED. DIRECTOR	erbels Part II of iter  City or town)  m the day  STAFF PHYS.	Mull m 18.)  28  Uses an	lute  19  19  19  19  ST  or county)	County)  67, that a date  7 4/6  A K	was all perfor Yes 1 (I) (we stated 22b.	UTOP: MED? NO [ Stall Stall St

TO HOSPITAL OR ATTENDING VISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospit.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directory. After this certificate has been signed by the attending physician and campletely filled in by the funeral directory page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

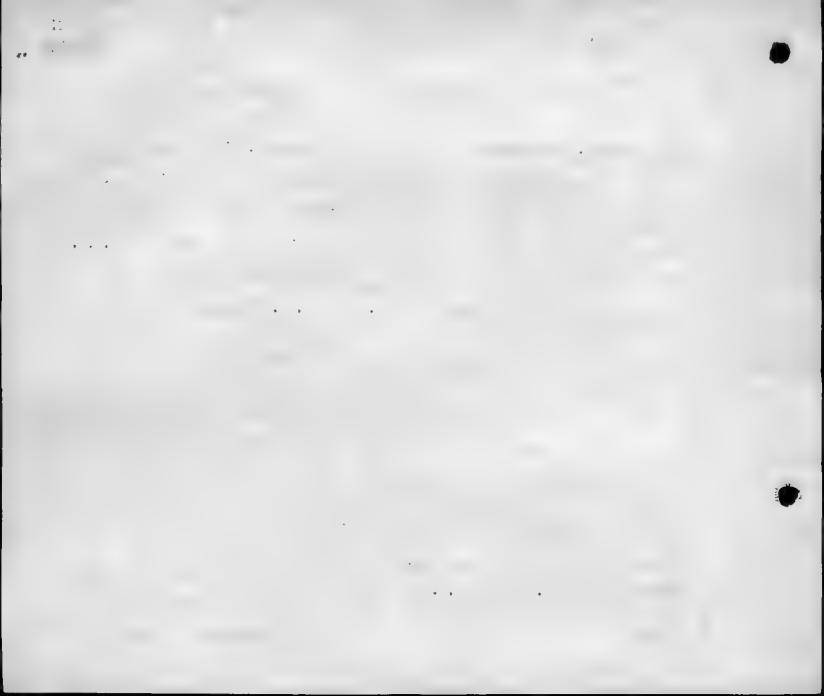
SICIAN: The law requires that the death certificate be executed within 24 hours after death.

George J. Gence



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
COR STATE	3813 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03808
STAIL TELL	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission)  a. COUNTY
5 % . # ( <b>V</b>	Anne Arundel Maryland Maryland Anne Arundel
Hear Hear	b. CITY OR TOWN (if outside corporate limits,   c LENGTH OF STAY IN 1b   c, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
of I of	write RURAL and give nearest town)
r si irek	Pasadena Pasadena
는 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
de de la composition de la com	Oaklane, Pine Havens YES NO 1
Sta	3 NAME OF first Middle Last 4. DATE Month Day Year
at a se	(Type or pr nt)  MTCHAFL DENNIS BERTAMINI OF April 9. 1961
를 본 및 결 분	S. SEX   6. COLOR OR RACE 7, MARRIED NEVER MARRIED 10 8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR, IF UNDER 24 HRS.
8 p à ≯ ± +	- I I I I I I I I I I I I I I I I I I I
2 5 7 7 3 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Male White WIDOWED DIVORCED 1/15/60 1 yrs. 2 24 Nours
2 9 9 7 9	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Page 1	None Baltimore, Maryland U.S.A.
Fig. 3.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2 0 × 0 ×	Michael Bertamini Clara Cavanaugh
E 0 E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO   17. INFORMANT Address
18 19 19 19 19 19 19 19 19 19 19 19 19 19	(Yes, no, or unkown), (If yes give war or dates of service)
	No None Mr. and Mrs. M. Bertamini (parents)    18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]
D T T	ONSET AND DEATH
and	MMEDIATE CAUSE (a) Acute laryngitis with occlusion of rima glottis
S T S T S T S T S T S T S T S T S T S T	492X DUE TO due to swelling of vocal cords
1 を発売する	Conditions, if any, which (b) Acute pneumonitis
S S S S S S S S S S S S S S S S S S S	gave rise to immediate cause  DUE TO
ate Idir I as or	(a), stating the underlying cause last.
Der Jamil	
at the Control of the	PERFORMED?  YES IN NO
his North	20a EXTERNAL CAUSE WAS , 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
hed hour	RIMARY Or CONTRIBUTING
S Si A	
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete)  Hour a.m. While Not While factory, street, office bidg., etc.)
¥ eg r	p.m. 19 at work at work
State of the state	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection, Inquiry, and in my opinion
は記された	death resulted from. Natural causes Accident Suicide Homicide Undetermined manner
S & B B B	CHIEF MEDICAL EXAMINER 3
A DIN SEE	ACTUAL OF ASSISTANT MEDICAL EXAMINER DATE SIGNED
ute in the formal and	SIGNATURE M.D.
	EXAMINER'S Russell S. Fisher, M.D.  DEPUTY MEDICAL EXAMINER   1/10/61
DEPU should FUNE its des	NAME (Type) 11030CLL Do 1101019 Address (Streat, city, town, or county)  22a, BUR,AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Siata)
	REMOVAL (Specify)
5 <u>4</u> 4 5 9	Levil 4-12-61 Callegal andley facts 122
V5. A15ME	23. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  APR 1 4 '61  CLAUSE & M. REGISTRAR'S SIGNATURE
5M 7/59	Jirley Commence Light - itonsvilly mex DATE APRIL 4 61 arthur S. Knows

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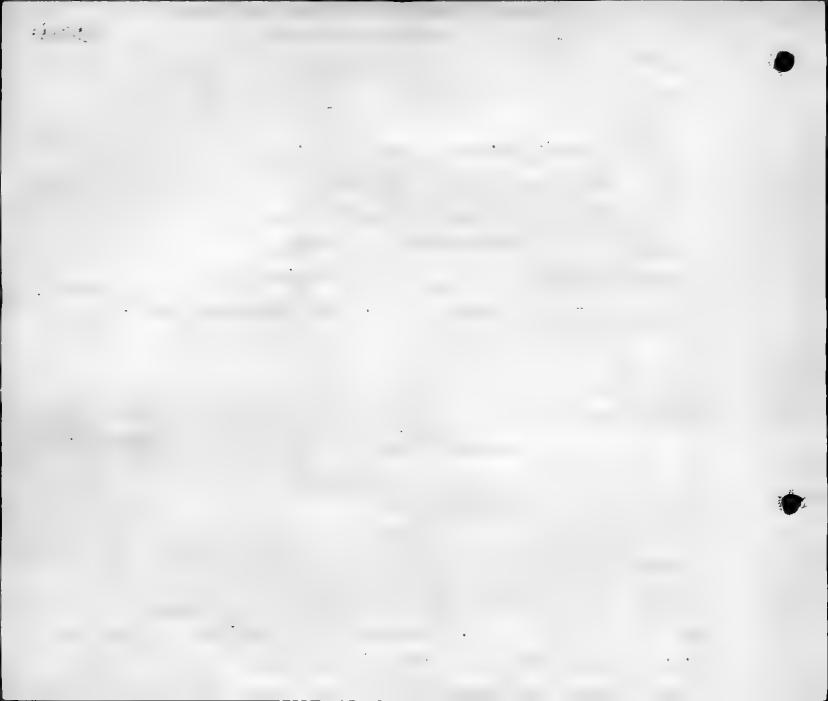
3814 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 0. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Anne Arundel Anne Arundel MARYLAND Maryland funeral old be f b. CITY OR TOWN (If outside carporate limits, write C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
Millorsville Pasadena day d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE YEST NO Route 2. Box 10 Knollwood Inc. Manor. ē 4. DATE NAME OF Day First Middle Month Year OF DEATH April 10 6] BLASZCZAK NICHOLAS (Type ar print) 9. AGE (In years last birthday) 87 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX Months Days Hours White DIVORCED [7] Male WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. USA Self-Employed Poland Farmer carbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ?? Thomas Blaszczak Sophie remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Pasadena, Md. within 72 Mrs. Alvina Blaszczak Route attending No None INTERVAL RETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0) DUE TO ģ Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? nene YES NO 12 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m While Nat while of work of work 21. I certify that I attended the deceased from ARAT. 15, 1951, to 12 2 196 that I last saw the deceased P , and that death accurred at I I M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED. DIRECT should be SIGNATURE icict. FUNERAL I PHYSICIAN'S NAME (Type) 220. RURIAL CREMATION. 22d. LOCATION (City, 10 (2010)) 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL [Specify] Stanislaus Baltimore 0 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR M.F.SADOWSKI & SONS, 1808 Eastern Ave Chillen S. Thouse DATE APR 2 4 '61 VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death.

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requires that the death certificate



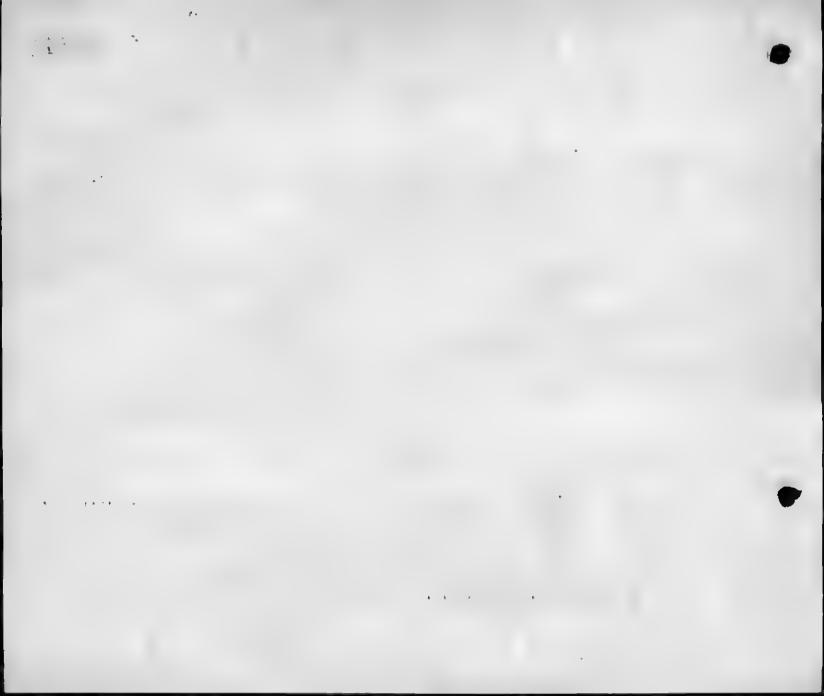
ofter death.

certificate



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmiss on) y is necessary, if director, Page e. COUNTY 5. COUNTY a. STATE Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (.f putside corporete limits, ca CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Board of write RURAL end give negrest town) North Beach Park North Beach Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? er death. If any delay and 3 to the funeral be retained th the State B YES NO Home deeth. 3. NAME OF First Middle 4. DATE Month Year DECEASED OF **BOWDEN** DEATH 19 61 (Type or print) BARBARA April after hould be executed within 24 hours after death in pencil in Item 18. Give Pages 1, 2, and 3 to 2 with form PM3. Page 5 may be it is pages 1 and 2 with the File pages 1 and 2 with the interest in the same in the with AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Deys Hours 9/10/1949 WIDOWED [ DIVORCED T yrs. Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Norfolk, Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bowden Maria (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown)! (If yes give werordetes of service)! Baltimore Medical Examiner INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).] Office along w burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (\*Carbon monoxide poisoning and burns DUE TO removal. This certificate should Conditions, if any, which gave rise to immediate cause "pending" rd. Examiner's **DUE TO** (e), sletting the underlying pasn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY cremation, PERFORMED? I to the Chief Medical E IOR: Page 3 should be prior to burial, cremat 28 execute the certificate, writing the word YES TO NO 20b. DESCRISE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING CAUSE OF DEATH. Conflagration in the home 20d, INJURY OCCURRED, 20s. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) Not While While Md. North Beach Park. el work | et work | 🐙 House forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Ix Inspection Inquiry and in my opinion DEPUTY MEDICAL Suicide 1 Homicide Undetermined manner death resulted from: Natural causes Accident | 3 CHIEF MEDICAL EXAMINER TO should be forware FUNERAL DIN ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 228, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 400 Shreveport, La. Removal 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS DATE APR 2 6 '61 VS. A15ME Wm. Cook, Inc., 1217 St. Paul St., Balto. 2, Md. arthur & House 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



TO DEPUTY MEDICAL E. MINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relaned for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Nealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death 1

VS. A15ME 5M 7/59

	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1381
_	

7	Items 3 & 9 Film Get	2. USUAL-RESIDENCE (Wheek daceesed lived, if institution: Ras danca before edmission)
	COUNTY	STATE     b. COUNTY
_	Anne Arundel MARYLAND	Maryland Anne Arundel
	c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete fimits, write RURAL and give nearest town)
	North Beach Perk	North Beach Park
	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass)	d. STREET ADDRESS   6. 15 RESIDENCE
	At Home	ON A FARM?
	NAME OF First Middle	Last 1 4. DATE Month Day Yaar
	DECEASED Type or print)  WITATAN Bill	BOWDEN DEATH April 23 19 61
	1 24 of the the transfer 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. DATE OF BIRTH 19. AGE III years HE UNDER 1 YEAR! HE UNDER 24 HRS.
3.	THANKED A NEVER MARKED	lest birthday) Months Deys Hours   Min.
	Male   White   WIDOWED   DIVORCED	Dec. 6, (unknown) $\beta/2^{n}$
	USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	t. Commander Engineer, U.S.A.	Shreveport, La.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
}	Unknown	Unknown
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17.	
[Ya	, no, or unkown) (Ifyasgivawarordelesofservice)	****
Ι.	18. CAUSE OF DEATH [Enlar only one cause per lina for (a), (b), and (c).]	Iltimore Medical Examiner
	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Carbon monoxide po	isoning and burns
	1/6.0 DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate causa (a), stating the underlying	
	cause lest. (c)	
ž		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
I S		PERFORMED? YES NO F
CERTIFICATION	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of itam 18.)
ERT	PRIMARY TO OF CONTRIBUTING	
	- AOUTTWEITOUT	
MEDICAL		ctory, streat, office bldg., etc.)
W.E.	10: 15 p.m. 1/23/19 61 et work at work	House North Beach Park, A.A., Md.
	21. I certify that I took charge of the remains described above, h	eld an Autopsy . Inspection x, Inquiry . and in my opinion
	death resulted from: Natural causes , Accident . Sui	cide , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL AND	M.D. ASSISTANT MEDICAL EXAMINER . DATE SIGNED
	SIGNATURE // / // // // // // // // // // // //	DEPUTY MEDICAL EXAMINER [ ]
	Russell S. Fisher, M.D.	Address (Streat, city, town, or county)
226	BURIAL, CREMATION, 22b. DATE THEREOF   22c NAME OF CEMETERY C	
	REMOVAL (Specify)	Shreveport, La.
22	Removal 4/25/61  FUNERAL DIRECTOR ADDRESS	24b. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
W	m. Cook, Inc., 1217 St. Paul St., Balto	. 2, Md. DAAPR 2 6 '61 Ciriling S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Page a. COUNTY ealth, This certificate should be executed within 24 hours after death. If any delay is necessary, a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page dica! Examiner's Office along with form PM3. Page 5 may be retained for your files. Uld be used as a burial-transit permit, File pages 1 and 2 with the State Boord of Realth cremation, or removal, and in any event within 72 hours after death. **b. COUNTY** Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) North Beach Park North Beach Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS At Home 3. NAME OF Midd e 4. DATE Month DECEASED OF (Type or print) DEATH (CYNTHIA ) Catherine Jane BOWDEN April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years ) IF UNDER 1 YEAR ! IF UNDER 24 HRS. lest birthday) Female White WIDO WED [ DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stella or foreign country) done during most of working life, even if retired) Montery, California 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bowden Maria (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If vasqive war or dates of service) Baltimore Medical Examiner 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning **DUE TO** Conditions, if any, which (b) gava rise to immadiata ceuse **DUE TO** (a), slating the underlying lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as it is designated agent, prior to burial, cremation, or it causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 811 19, WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Conflagration in the home MEDICAL 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While at work at work North Beach Park. House 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident -Suicide Homicide II. Undetermined manner CHIEF MEDICAL EXAMINER 150 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Typa) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify)

**ADDRESS** 

Wm. Cook, Inc., 1217 St. Paul St., Balto. 2, Md.

Anne Arundel

Months Days

(County)

Shreveport, La. 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

arthur S. Krans

DARR 2 6 '61

a. IS RESIDENCE ON A FARM?

YES NO

19 61

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

> > (State)

Md.

and in my opinion

DATE SIGNED

(Slata)

12. CITIZEN OF WHAT COUNTRY?

VS. A15ME 5M 7/59

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Remova1

23. FUNERAL DIRECTOR

4/25/61



FOR STATE DEPT.

TO DEPUTY MEDICAL E. MINER: This certifical slauid be ensured within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in flem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office many with form MA3. Page 5 may be minimed for your files.

TO FUNERAL DIRECTOR Fage 3 should be used as a furial-transit permit. File pages 1 and I with the State Board of Health, or its designated agent, prior, to burial, cremation, or removal, and in any event within 72 hours after death.

V5. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03813

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased I vad, If institution: Residence before admiss on)
Anne Arundel MARYLAND	s. STATE St. COUNTY Anne Arundel
b. CITY OR TOWN (if outs'de corporata imits,   c. LENGTH OF STAY IN 16	g. CITY OR TOWN (If outs'da corporata limits, writa RURAL and give nearest town)
write RURAL and give nearest town)	X
North Beach Park	North Beach Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straa, addrass)	d STREET ADDRESS  IN IS RESIDENCE ON A FARM?
At Home	YES T NO T
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF
(Type or pr nt) CHRISTINA	BOWDEN DEATH April 23, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR, IF UNDER 24 HRS.
	2/13/60 [ast birthday] Months Days Hours Mn.
Female   White   WIDOWED   DIVORCED	yrs. 1
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	North Beach, Md.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
William Bowden	Maria (unknown)
VIS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1	
I (Yas, no, or unkown) ( (Ifyasqiye warprdalaspfservica)	
	Baltimore Medical Examiner
18. CAUSE OF DEATH [Enter only one cause par tine for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide po	isoning and hurns
(11/ 5)	inourily min per sed
7/6 () DUE TO	
Conditions, if any, which (b)	
gava rise to immadiata causa	
(a), staring the underlying	
cause last. (c)	The state of the s
PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<del>                                    </del>	YES NO NO
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO 20b. EXTERNAL CAUSE WAS PRIMARY I.Z. or CONTRIBUTING CONSTRUCTION CAUSE OF DEATH.	Enter nature of Injury in Part I or Part II of Itam 18.]
PRIMARY Tor CONTRIBUTING	
TOTAL TAPING	on in the home
20c. TIME OF IN. JRY Month, Day, Yaer 2Dd. INJURY OCCURRED 200. PLA	CE OF INJURY (Homa, form, 20f. (City or town) (County) (State)
181 100 XXXX	House North Beach Park. A.A. Md.
10.42	
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from. Natural causes, _Accident Suic	ide, Homicide, Undetermined manner
1-10-	CHIEF MEDICAL EXAMINER
ACTUAL KANA	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D
EXAMINER'S Procedil S Fisher MD	
NAME (Type) Russell S. Fisher, M.D.	Address (Street, city, lown, or county)  R CREMATORY   22d, LOCATION (City, lown, or country) (State)
REMOVAL (Specify)	K CKEMATOK! 226, EOCATION (City, lown, of country) (State)
Removal 4/25/61	Shreveport, La.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Um Cook Inc 1217 St Dayl St Balto	2. Md. DATE at 161 arthur S. Hura
Wm. Cook, Inc., 1217 St. Paul St., Balto.	Z, Mu. DAIL



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institutions Residence before edmission) I director, Page for your files, oard of Health, a. COUNTY a. STATE **b. COUNTY** Anne Arundel
b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Anne Arundel c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) for your Board of I write RURAL end give nearest town] North Beach Park North Beach Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass) d. STREET ADDRESS e. IS RESIDENCE funeral ON A FARM? retained he State B YES NO At Home 3. NAME OF Middla Last 4. DATE Month Year DECEASED OF DEATH (Type or print) MARTA BOWDEN April 19 61 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE fin years IF UNDER 1 YEAR 2 with s 1, 2, and 3 age 5 may 1 and 2 will 72 hours a last birthday) Months Hours WIDOWED F DIVORCED yrs. Female in pencil in Item 18. Give Pages 1, 2, at S Office along with form PM3. Page 5 man a build-transit permit. File next unknown 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) unknown permit, File pages any event within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no. or unkown) | (If yes give wer or dates of service) Baltimore Medical Examiner 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning and burns **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner? FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or the (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(1), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert It of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Conflagration in the home 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY (County) Month, Day, Year (State) factory, street, office bldg., etc.) While Not While 67 of work et work House North Beach Park. 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X Inquiry and in my opinion designated agent, death resulted from: Accident T Suicide Undetermined manner Natural causes Homicide 1 CHIEF MEDICAL EXAMINER ارج ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 4/24/6] EXAMINER'S Russell S. Fisher, M.D. NAME (Type) Address (Street, city, Iown, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Removal 4/25/61 40 9 Shreveport, La.

24. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE Δ 23. FUNERAL DIRECTOR ADDRESS VS. AISME DATE APR 2 6 '61 arthur S. Knas Wm. Cook, Inc., 1217 St. Paul St., Balto. 2, Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission I. PLACE OF DEATH e. COUNTY Page 5. COUNTY is necessary Anne Arundel Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outs de corporele limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ouls be anecuted within 24 hours after death. If any delay is necess, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Office along with form PM3. Page 5 may be retained for your Nourial-transit permit, File pages 1 and 2 with the State Board of Movel, and in any event, within 72 hours after death. write RURAL and give neerest lown) North Beach Park North Beach Park d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? YES NO At Home 3. NAME OF Middle 4. DATE Month Year OF DECEASED DEATH (Type or print) ROWDEN ERTCA Apri.] 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE Z. MARRIED NEVER MARRIED lest birthdey) Months 9/18/48 White Female WIDOWED [ DIVORCED yrs. 10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Boxton, Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria (unknown) William Bowden IS. WAS DECEASED EVER IN U.S ARMED FORCES? 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unknown) (If yes give wer or detes of service) Baltimore Medical Examiner INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ] ONSET AND DEATH IMMEDIATE CAUSE (a) Carbon monoxide poisoning and burns DUE TO removal, Conditions, if env. which (b) mive rise to immediate cause "pending" DUE TO (e), steting the underlying Examiner cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? base execute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be YES T NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Idem 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING [ Conflagration in the home | 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (Stela) fectory, street, office bldg., etc.) Hour XXXX ADDROX. While Not While. 67 et work et work North Beach Park. House 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection Ingu ry and in my opinion Accident X Undetermined manner death resulted from-Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER TO designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER և/2և/61 **EXAMINER'S** Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 226, BURIAL, CREMATION, 226, DATE THEREOF REMOVAL (Specify) 40 p 4/25/61 Shreveport, La. Removal 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS arthur S. Krons

DATEAPR 2 6 '61

Wm. Cook, Inc., 1217 St. Paul St., Balto. 2, Md.

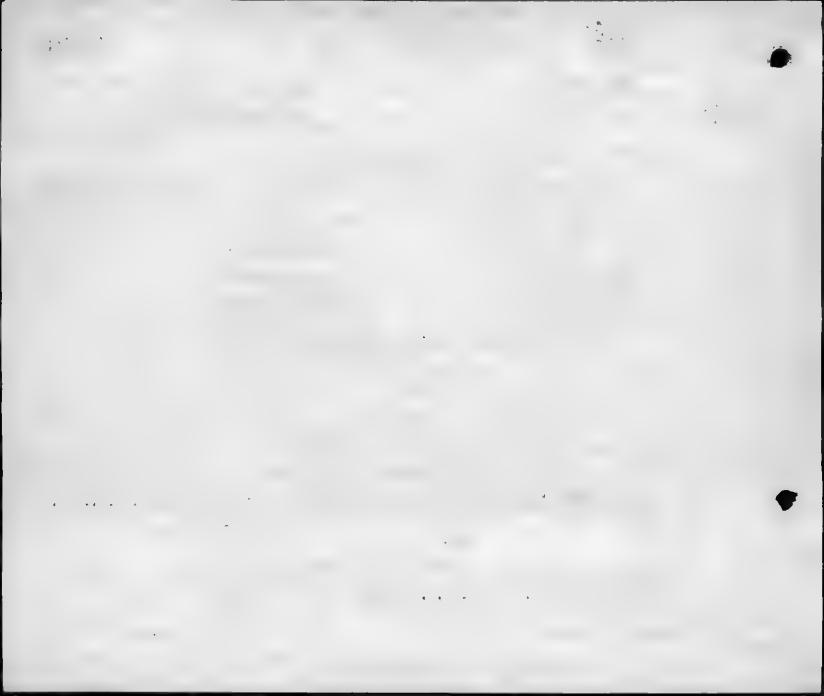
VS. ATSME 5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) e. COUNTY and 3 to the funeral director, Page may be retained for your files.

2 with the State Board of Health, This certificate should be executed within 24 hours after death. If any delay is necessary, a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page dical Examiner's Office along with form PM3. Page 5 may be retained for your files, and be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, cremation, or removal, and in any prefer, within 72 hours after death. a. STATE **b.** COUNTY Anne Arundel Anne Arundel MARYLAND Maryland b CITY OR TOWN ( f outside corporete I mits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) North Beach Home North Beach Park d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? At Home YES NO 3. NAME OF 4. DATE First Middle Month Dev Yeer DECEASED OF (Type or print) DEATH BOWDEN 19 MARTHA April 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH AGE fly years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Female White WIDO WED [ DIVORCED [ 3/?/? 3276 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Charleston, S. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File William Bowden Maria (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) ! (Ifvestive werordeles of service) Baltimore Medical Examiner 18. CAUSE OF DEATH [firter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carbon monoxide poisoning **DUE TO** Conditions, if eny, which (b) geve rîse to îmmediete ceuse Medical Examiner's **DUE TO** (a), steting the underlying cause last. PART J. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY CERTIFICATION PERFORMED? writing the word chief Medical E YES No T plnods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar netura of injury in Part I or Part II of item 18.) SPUTY PRESENCE of the Writing the could be forwarded to the Chief Mediring ERAL DIRECTOR: Page 3 should be forwarded to the Chief Wedirial, or control of the Chief, or control of the Chief. PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Conflagration in the home 3 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Dey, Year (Stata) factory, street, office bldg., etc.) While Not While et work at work North Beach Park. House 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion DEPUTY MEDICAL death resulted from-Natural causes Accident x Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 r its designate SIGNATURE 4/24/61 DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Typa) Address (Street, city, town, or county) 228, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Ö O P D 4/25/61 Remova1 Shreveport, La. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. AISME Wm. Cook, Inc., 1217St. Paul St., Balto. 2, Md. DATE APR 2 6 '61 arthur S. Krous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



Division of ATATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY ould be executed within 24 hours after death. If any delay is necessary, "In pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your Jilgs. burial-transit permit. The pages 1 and 2 with the State Board of Health, moval, and in any ment within 72 hours after death. may be retained for your files. 2 with the State Board of Health, ours after death, a. STATE **b.** COUNTY MARYLAND Anne Amindel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give nearest town? North Beach Park
d. NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) North Beach Park d. STREET ADDRESS At Home 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH RODGERBOWDEN William 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED T last birthday) Male White A DOMED | DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore on country) done during most of working life, even if relired) Arlington, Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bowden Maria (unknown) This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ( (Ifyesgivewerordetesofservice) Baltimore Medical Examiner 18. CAUSE OF DEATH |finier only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Carbon monoxide poisoning removal, **DUE TO** 1/10/1 Conditions, if any, which (b) geve rise to immediate cause sase execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren DUE TO (e), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jem 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Conflagration in the home 20d. INJURY OCCURRED ... 20s. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year While fectory, street, office bldg., etc.) MEDI Not While prior to at work at work North Beach Park. Home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🗶 Inquiry DEPUTY MEDICAL Accident T. Undetermined manner death resulted from: Natural causes Suicide Homicide | |-CHIEF MEDICAL EXAMINER 📆 designated ACTUAL ASSISTANT MEDICAL EXAMINER BIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 228, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 40 6 01 Removal Shreveport, La.
Y REG.STRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS 24e REC'D BY REGISTRAR VS. A15ME 26 arthur & House Wm. Cook, Inc., 1217 St. Paul St. Balto. 2. Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

YES NO

Yea

19 61

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

Md.

and in my opinion

DATE SIGNED

YES

IF UNDER 24 HRS.

ON A FARM?

Anne Arundel

Dey



2824

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03819

_										
3	PLACE OF DEATH o. COUNTY Anne	Arundel	MAR	YLAND 2. (	SUAL RESIDENCE (	Where deceased		Residence   Arund		ision)
	B. CITY OR TOWN (If outside RURAL and give neares) to Fort George	le corporate limits, wown) G. Meade	vrile c. LENGTH OF STAY	(IN 16	Fort Ge			JRAL and give	nearest tow	m)
	d. NAME OF HOSPITAL (IF OR INSTITUTION United Stat		1	1	d street ADDRESS Qtrs 170					SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	First RAY	Middle E		Lost WLING	4. DATE OF DEATH	APR]	_	Day 20	Year 19 61
5		Con	MARRIED NEVER MARR	- 1 9	July 192		9 AGE (In years lost birthday) 34 yrs	Months Do	EAR IF UND	7
1	00. USUAL OCCUPATION (Gir during most of working life Soldier	re kind of work dans b, even if retired)	U.S. Army	OR INDUSTRY	W. Va	ete ar fareign co	untry)	12 CITIZEI	VOF WHAT	
1	3. FATHER'S NAME Un	k		14	. MOTHER'S MAIDEN	Unk				
1	VAA I STORY	s. ARMED FORCES'	0 22200			cords U	Addr S <b>Army F</b>		3 Mead	le, Md
	Conditions, if any, will gove rise to immedicate (a), stoling the uniting couse last.	DUE TO (b) (ote der- (c) (c)	Wound, gunsh interspace, 3 left interspa	ace pos	dial to la terior.	eft nipp	ole, exit	th 6th	DC	)A
014	PART II. OTHER SIGNAL  200. ACCIDENT WAS UND OR CONTRIBUTING  CA (IF EITHER, NOTIFY MEDIC		ONS CONTRIBUTING TO DE					EN IN PART 1	PERF	ORMED?
		DERLYING 1 20b LUSE OF DEATH (AL EXAMINER)	DESCRIBE HOW INJURY OF Self i	nflicte		in Port I or Port	II of item 1B)			
14016		pr 20, 61	20d. INJURY OCCURRED While Not while of work at work	Parkin	of INJURY (Home, for street, affice bldg., i g Lot	etc.)	ortown) Geo G. Me	coverade A	<sup>nty)</sup> nne Aj	Md <sup>Stote</sup> runde
	JON MANUEL SELVENCY OF		ttended the deceased	france 2 pronou	O Apr nced dead Cachinada	70750	the causes an		ate state	d abave
	22c. PHYSICIAN'S	to the	it Tall	C <sub>M.D</sub>	ATTENDING PHYS   22d ADDRESS	MED DIRECTOR [	STAFF PHYS IX	20	April	26 DATE SIGNED 1 196]
	NAME (Type)	IFT, M.D.				y Hosp F	rt Geo G.	Meade	, Md.	
L	BURIAL, CREMATION, 23 REMOVAL (Specify)	1/25/14	230 NAME OF CEN	Lon /	ialional	A Cir	Lezzalo	ri E	22010	ماهام المام مراسط
4	40 FUNERAL DIRECTOR'S SIGN		ADDRESS /Ale	me, d	1	APR 2 7 '8	1//	TRAKS SIGN	Time	

may be retained by the hasp. Totalding physician.

THENDRAL DIRECTIER: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled in the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) direc COUNTY filed a STAT b. COUNTY ANNOUNT HARRIES funeral CITY OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY IN 16 CITY/OR TOWN (if outside corporate limits, write RURAL and give nearest town) MORAL and give mearest town) the shou not in haspital, give street address) NAME OF HOSPITAL (M d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 54 YES NO K and Ξ NAME OF First 4. DATE Middle Month Day Year filled DECEASED \_ OF death Poges (Type or print) DEATH 196 S. SEX COLORORRACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS ast birthdoy Months Davs affe cample papers. WIDOWED X DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY haurs foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, Even if retired) Ausen puo pgu 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ physician mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 JNFORMANT (If yes, give wor or dates of service) aftending egge CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ā ONSET AND DEMTH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** þ gned b Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (o), stating the underbeen si lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, PERFORMED? YES NO T

200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m.

p. m.

23a. BLR.AL, CREMATION

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, farm, 20f (City or town) factory, street, office bldg., etc.]

(County) (Stote)

SIGNED

21 | certify that (1) (this hospital) attended the deceased fram. , that (I) (we) last saw the deceased alive an L 22a SIGNATUR 22b, DATE

22c. PHYSICIAN'S NAME (Type)

While

Not while

at work at wark

ATTENDING PHYS. MED DIRECTOR STAFF PHYS. 22d. ADDRESS

23d. LQCATION (City, town, or county)

REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY

23b DATE THEREOF

DATELAY

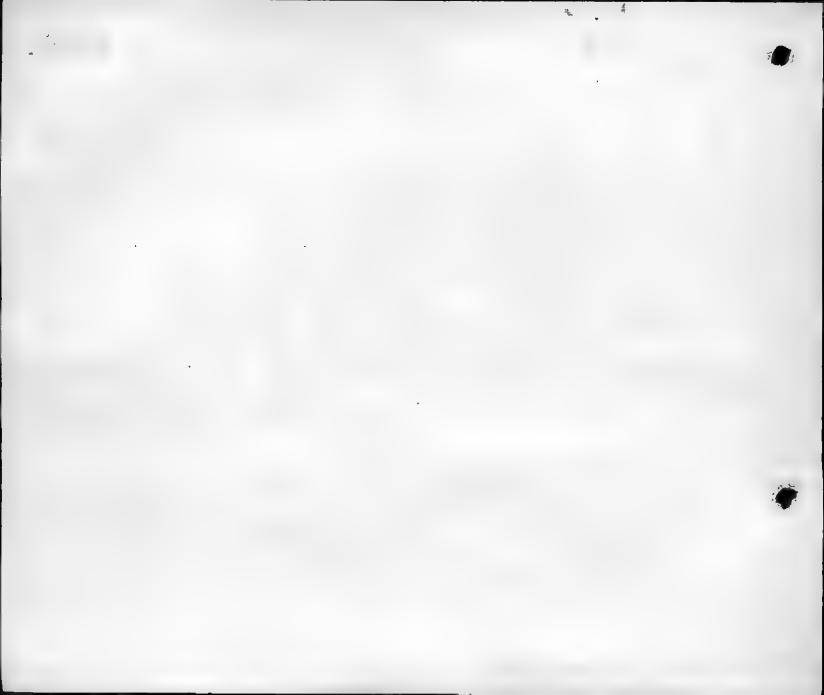
Calley & Trace

VR A1S (4) 1SM 9/59

**burial-transit** has attending certificote the SD After this ray be retained by the hosp FUNERAL DIRECTOR: After age 3 shauld be detached fo Boord ote page the Sk

hours after

0



MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03821

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decased lived, If institutions Residence before admission
	ANNE ARUNDEL MARYLAND	*. STATE ARYLAND B. COUNTY ANNE ARL DEL
	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	A NAPOLIS 14 DAYS	ARNOLD X
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
į	S.S.NAVAL HOSPITAL, ANNAPOLIS, MD.	PINES ON THE SEVERN YES NO D
3	NAME OF First Middla DECEASED	Last 4, DATE Month Day Year
L	(Type or print) Bryson (n) BR	UCE DEATH APRIL 17 19 61
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months   Days   Hours   Min.
		O WARCH 1886 75 yrs. Hours Min.
1	08. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11, BIRTHPLACE (County & State, or fore gn country) 12, CITIZEN OF WHAT COUNTRY
	NAVAL OFFICER	LOWA U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Bryson (n) BRUCE	MARY ANN LIDDLE
	5. WAS DECEASED EVER IN J.S ARMED FORCES?   16. SOCIAL SECURITY NO. 17. II	
1	Yes, no, or unkown) (If yes give war or dates of service)	ise DOWNS BRUCE ADMICLD, MARYLAND
-	18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c).]	, INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANEURYSM, ABDOMINA	ONSET AND DEATH  ACRTA_ BLEEDING ACRTA_ BLEEDING ACRTA_ BLEEDING
	IMMEDIATE CAUSE (6) ANEURY SAN, ABDON INA	ANTINE DEPENDING TO THE PARTY OF THE PARTY O
П	ADTED LOSGI FROM I	GENERAL LZED
П	gava rise to immediate ceuse	YEARS -
П	(a), stating the underlying DUE TO	
П	causa last. (c)	
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
15	ARTERIOSCLEROTIC HEART DISEASE	YES KI NO [
MOITACIDITAGO	5 20a, ACCIDENT WAS UNDERLY NO [] 20b, DESCRIBE HOW INJURY OCCURED. CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part I of 'Tem 18.)
443	20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED   20e. PLA	CE Of IN. URY (Homa, farm, 20f. (City or lown) (County) (State)
AEDICA?	Hour a.m. While Not While facts	pry, streat, office bldg., etc.)
1		3. APRIL, 19 61 to. 17. APRIL, 19.61, that (1) (we) last
		death occured at 4.2.30. From the causes and on the date stated above
	22a. SIGNATURE	22b, DATE
	M. M.	D. PHYS. DIRECTOR PHYS. 18 AFRIL 1961
	22c. PHYSICIAN'S & CH JZQQ COM	22d. ADDRESS
	R. G. WIL TANS, CDR MC USA	U.S.NAVAL HESPITAL, ANNAPOL.S, MARYLAND
2	30. BURIAL, CREMATION, 236. DATE THEREOF 230. NAME OF CEMPTERY	OR CREMATORY 23d. POCATION (City, town or squnty) (State)
	Burnel 20-april 6/ U.S. N. Uca	ding amagalos Md.
2	ADDRESS	256. REC'D BY REGISTRAR   256. REGISTRAR'S SIGNATURE
	John My Touglos Som Coursell	PARPR 1 9'61 Cutture & Kround

TO HOSPITAL OR ATTEN GENERALISECIAN: The law requires that the death certificate be exempted within 24 hours death. Page 4 may be retain, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60



**ADDRESS** 

Heights.

Funeral Chapel4600 LibertyDATE APR 12'61

24g, REC'D BY REGISTRAR

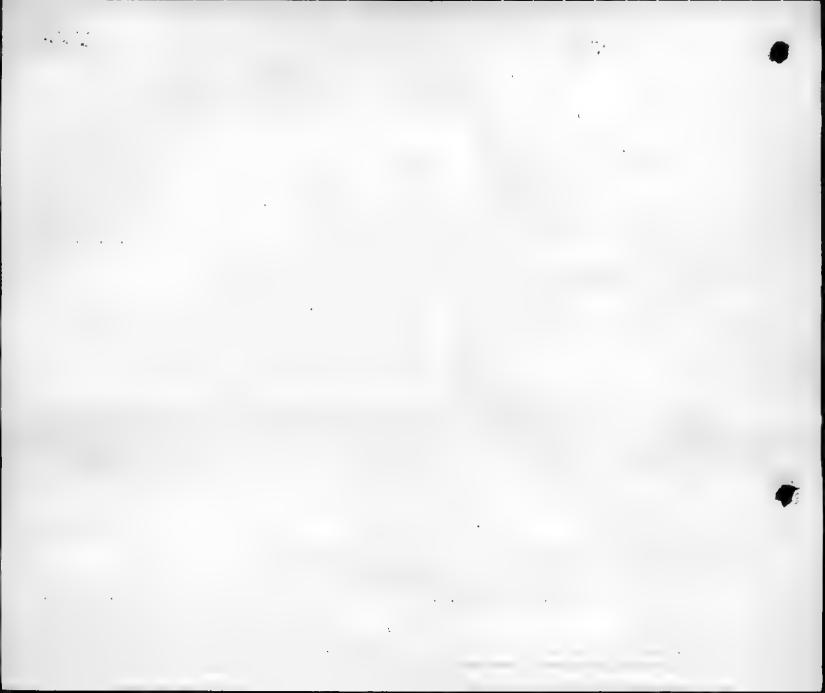
24b. REGISTRAR'S SIGNATURE

Contain & Trace

AS A12 (4) 12 M 6/28

23. FUNERAL DIRECTOR'S SIGNATURE

executed within 24 hours ofter death.



2000

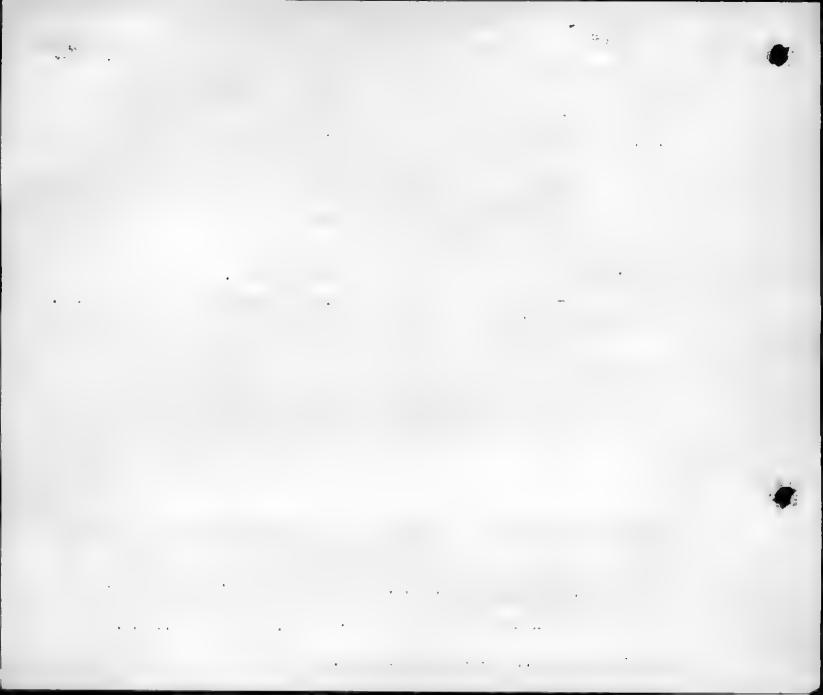
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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o. COUNTY Ans	ne Arundel		MARYLA	3	G. STATE		nere decease	d lived l	Einstrutio COUNTY HC	m Residen	nce befor	e admiss	ton]
RURAL and give ner	rest lown)			- 1			outside corpo	orote limits	, write RI	URAL and	give nea	rest low	1)
d NAME OF HOSPITA	L (If not in hospital, gr	re street	oddress)				ngton	Blvc	1			ON A	FARM?
NAME OF DECEASED {Type or print}			Middle C		BYERS		4. DATE OF DEATH				15		Year 19 61
Male Male						, 19	959	9. AGE ( last bi	in years rthday) yrs	Months	Days Days	Hours	Min.
		one 10b.	KIND OF BUSINESS OR I	NDUST	1 -		or fareign o	ountry)		12. CIT			OUNTRY
Roy E.	Byers							. Hvl	.and				
			SOCIAL SECURITY NO.		ORMANT			-	Addr		<b>ri</b> dg	e, Mc	i.
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lying couse lost	(c)  ER SIGNIFICANT COND  S UNDERLYING  CAUSE OF DEATH	ITIONS (	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO TH	IE TERM	INAL DISEAS	SE CONDI	TION GIV			PERFO	AUTOPSY DRMED?
		While	Not while					y ar tawn)			(County)		(State)
sow the decease	men I F	Apr Zos	entrene Cay	at de	ath occurred of ATTENDING PHYS.	ot .	M, from	STAFF	uses an	d on th	e dote	stotec	
BUR AL, CREMAT OF REMOVAL (Specify)		-	Long Islan			en.		folk	Co.	N.Y	•	,	te)
		108	ADDRESS 	Ba									
	PLACE OF DEATH  a. COUNTY AND b. CITY OR TOWN (IF RURAL ond give net FOTT COO! d NAME OF HOSPITION U. S. AT!  NAME OF DECEASED (Type or print)  SEX Male  D. USUAL OCCUPATION during most of working FATHER'S NAME ROY E.  WAS DECEASED EVER RANDO OF JOHNSON (IF PART I DEAT  Conditions, if on gove rise to in couse (o), stoling the original of the original	COUNTY Anne Arundel  b CITY OR TOWN (if outside corporate limits RURAL and give nearest town)  Fort George G. Mead  d Name of Hospital (if not in hospital, given in National)  OR INSTITUTION  U. S. Army Hospital  (Type or print)  DOUGI  SEX  6. COLOR OR RACE  Cau  Culual OCCUPATION (Give kind of work diduring most of working life, even if retired)  FATHER'S NAME  ROY E. Byers  WAS DECEASED EVER IN U. S. ARMED FORCE  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only which gove rise to immediate couse (o), stoling the under-lying couse lost  PART II OTHER SIGNIFICANT COND  Conditions of the couse of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21. I certify that (M. (this hospital) sow the deceased alive on 15  220 SENATURE  221 I certify that (M. (this hospital) sow the deceased alive on 15  222 PHYSICIAN'S NAME (Type)  DUETO  BUR A., CREMAT ON 23b DATE THEREOR REMOVAL (Specify)  DUETAL BLECTOR'S SIGNATURE	PLACE OF DEATH  a. COUNTY  Anne Arundel  b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Fort George G. Meade  d NAME OF HOSPITAL (if not in hospital, give street or INSTITUTION  U. S. Army Hospital  NAME OF First  DOUGLAS  SEX  6. COLOR OR RACE  7. MARK  Male  Cau  WIDOW  D. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  FATHER'S NAME  ROY E. Byers  WAS DECEASED EVER IN U. S. ARMED FORCES?  If you give wor or date of service, life you wor or date of service, life you give wor or date of service, life you wor or date of service, life you give wor or date of service, life you wor or date of you wor or date of you wor or date of you wor or d	PLACE OF DEATH  a. COUNTY  Anne Arundel  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  FORT GEORGE G. Meade  23 days  d. NAME OF CHOSPITAL (if not in hospital, give street address)  OR INSTITUTION  U. S. Army Hospital  NAME OF First Middle  DOUGLAS  C. COLOR OR RACE  OR MARKED TOWN (Give kind of work done)  DOUGLAS  EXAMPLE CAU  UIDOWED N/ ADIVORCED N/ ADIV	PLACE OF DEATH  a. COUNTY Anne Arundel  b. CITY OR TOWN (if outside corporate limit, write   c. LENGTH OF STAY IN 1b   RURAL and give nearest lown)  Fort George G. Meade   23 days   d. NAME OF HOSPITAL (if not in hospital, give street address)  d. NAME OF HOSPITAL (if not in hospital)  NAME OF DECEASED   First   M.I.dd'e   DOUGLAS   C.    SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B.   Male   Cau   WIDOWED   N. ADIVORCED   B.    D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)  FATHER'S NAME   ROY E. BY BY S.    WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFERD. OF Windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of windown   [if yen give work of dutin of service, with more of ser	PLACE OF DEATH  O. 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INFORMANT IN PART I DEATH WAS CAUSED BY DUE TO CONSIder in medicale couse (c), Isoling the under lying couse lost  FART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE EITHER UNDIFF WAS INDERSYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FETTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FETTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION CONTRIB	PLACE OF DEATH  0. COUNTY  Anne Arundel    MARYLAND   M	PLACE OF DEATH  a. 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STATE  B. COLONG PROPER  COLOR OR RACE  C. Married  D. STATE  APRIL  D. COLOR OR RACE  C. MARRIED  D. STATE  APRIL  D. S. Army Hospital  SEX  C. COLOR OR RACE  C. MARRIED  D. SUSAL DECRASED  (Type or print)  DUCLAS  C. BYERS  DEATH  APRIL  D. SATE  Male  C. COLOR OR RACE  APRIL  D. SEX  C. COLOR OR RACE  APRIL  D. SATE  Male  C. COLOR OR RACE  APRIL  D. SATE  Machine  APRIL  D. SATE  Machine  APRIL  D. SATE  Machine  APRIL  D. SATE  APRIL  D. SATE  APRIL  D. SATE  Machine  APRIL  D. SATE  APRIL  D. SATE	PLACE OF DEATH  a. COUNTY Anne Arundel  MARYLAND  CITY OF TOWN, (if orbide corporate limits, write building may be received from the properties of the prope

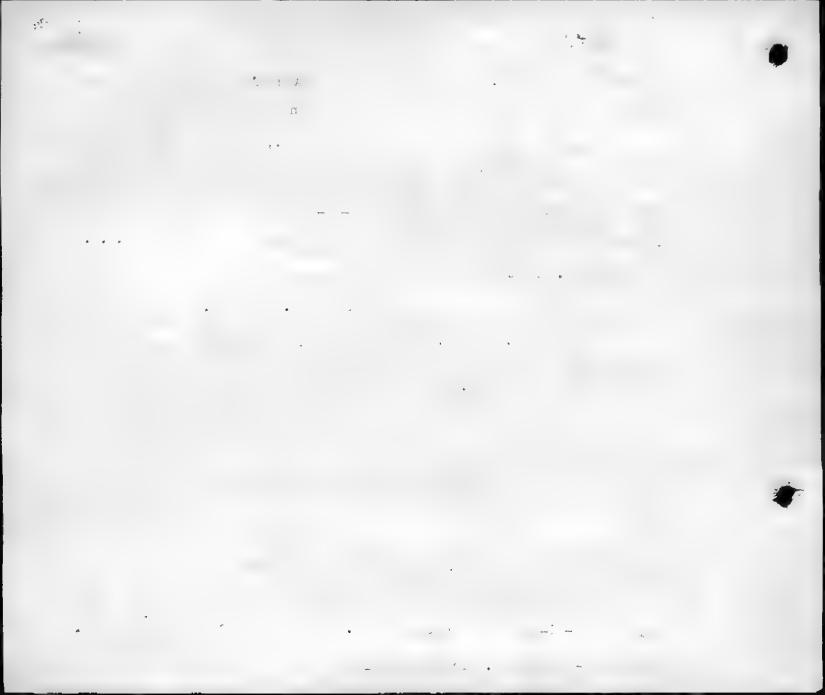
may be retained by the haspi attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. SICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59



within 24 hours ofter death.

deoth



# may be retained by the hasp? It attending physician. TO FUNERAL DIRECTOR: After was certificate has been signed by the attending physician and completely filled in by the funeral disapage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be liked the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PYYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3830 CERTIFICATE OF DEATH

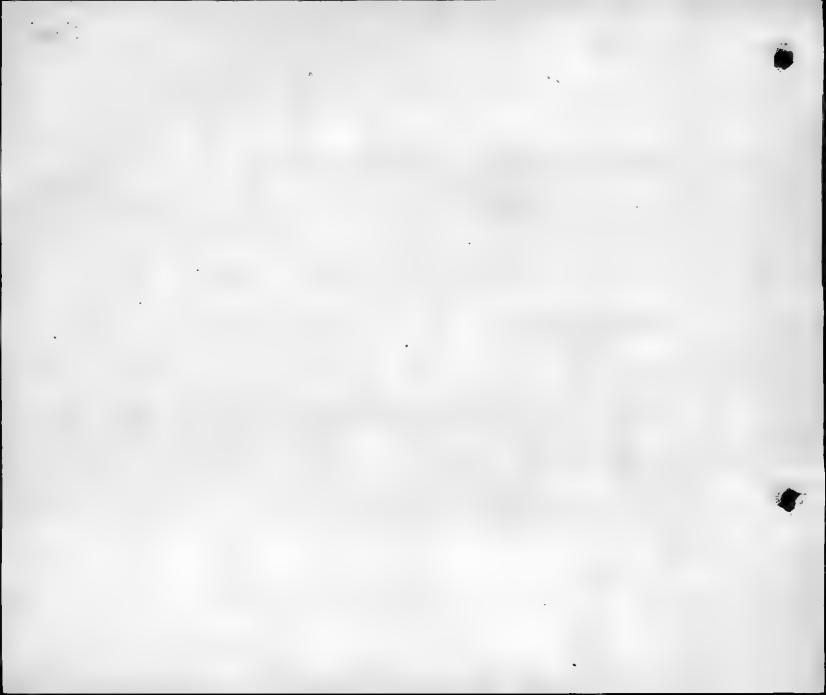
Reg. Dist. No. 03825

1	PLACE OF DEATH					DENCE (Wh	ere decease	d lived. If instituti	on: Residence	before admi	ission)
1	a COUNTY	Anne Arunde	L	MARYLAND	o. STATE M	laryla	nd	b. COUNTY	Anne	Arunde	1
		If autside corporate limits, s	vrite c. LENGT	H OF STAY IN 16	c. CITY OR	TOWN (If a	utside corpo	rote limits, write R	URAL and giv	e negrest lov	wn)
1	Annapol				10 A	nnapo	lis				
$\vdash$		TAL (If not in hospital, give	street address)		d STREET	DDRESS				e. 15 R	ESIDENCE A FARM?
-IA	nne Arunde	1 General Ho	spital		101	Ches	apeake	Ave.,			NO [A]
	NAME OF	First		Middle	lo	ıl	4. DATE	Mon	th.	Day	Yeor
	(Type or print)	Eva		S	CARROI		OF DEATH	April		10	19 61
5.	sex	6. COLOR OR RACE 7.	MARRIED NE	VER MARRIED	8. DATE OF BIRT	H		9. AGE (In years		YEAR IF UN	
	Female	White w	DOWED	DIVORCED [	May 12	, 188	4	last birthday) 76 yrs.	Months D	oys Hour	s Min.
10		ON (Give kind of work don- king life, even if retired)	106. KIND OF 1	BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (Stole	or foreign c	ountry)			AT COUNTRY?
	House		Hon	no	Ma	rylan	d		J	.S.	
Ų Ti	L FATHER'S NAME	. 01			14. MOTHER'S	MAIDEN N	IAME				-
1	(19 rche	and Ste	ncheo	mb	4	ma	, M	orres	In	•	
	. WAS DECEASED EVE	R IN U. S. ARMED FORCES		CURITY NO. 17	INFORMANT	1	0.	0 Add	ess	(2)	
L					Mus VY	uth	rec	kner	*	(4)	
Г	18. CAUSE OF DE	ATH [Enter only one couse	per line for (o),	(b), and (c) ]						INTERVAL I	
	PART I. DEA	NTH WAS CAUSED BY: IMMEDIATE CAUSE (a)	C.01161	ESTIVE	FAIL	UPRE				3 2	443
П	4200	DUE TO									
	Conditions, if a	iny, which ) (b)	ARTE	RID SCA	EROTI	c HE	MRT	DISFIL	CE	3 4/	25.
1	gave rise to i	N DUE TO									
1	lying cause lost.	(c)_									
2	PART H. OT	HER SIGNIFICANT CONDIT	ONS CONTRIBUT	ING TO DEATH BL	JT NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS	S AUTOPSY FORMED?
- [5	5										No A
CEPTICICATION	20a. ACCIDENT W	AS UNDERLYING 1 201	DESCRIBE HOV	V INJURY OCCUR	RED. (Enter nature o	of injury in P	ort I ar Por	1 II of item 18.)			
		MEDICAL EXAMINER									
MEDICAS	20c. TIME OF INJUS		20d. INJURY OC		PLACE OF INJURY (			ar town)	(Co	unty)	(State)
NA S	Hour a.m. p.m.		While Note of work of work	MUIIS	ocidity, siveer, orne	e viog., etc.	1				
	21. I certify the	nat I attended the de	ceased fram.	6 4-61	E/L_ 1960	_, to	April	9 19 6	that I la	ist saw the	e deceased
	alive an	Apr81 9.	1961	and that deal	th accurred at	6:15A	M, fran	n the causes o	ind an the	date sta	ted abave.
П			1 00					treet, city or town,			DAJE SIGNED
١	ACTUAL	duck	11/1	elle	M.D.						10/61
ı	PHYSICIAN'S	The Court of the C		_		L <sup>a</sup>					
L	NAME (Type)	Edward S. Re	ck		71_	frank	lin S	t. Annar	olis,	Md	
2	REMOVAL ISPECTLY	ON, 22b. DATE THEREOF	22c. NA	ME OF CEMETERY	OR CREMATORY		22d LOCA	ION (City, town,	or county]	/St	ate)
-	Durices	1-106-11	01 10	Clar V	Dely		1	mari	Ceo	110	a
1	FUNERAL DIRECTOR	Landa Sans	ADD	rapol	i Bes	4	D BY REGIST	/	STRAR'S SIGN		
1	/				V 7713	DATE A	PR 12	<u>'61   C</u>	Inthuy S.	Trous	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decepsed lived. If institution: Residence before admission) g. COUNTY b. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If and give necres) town! c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) 9 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES TO NO files. NAME . 4. DATE Middle Month Day Year DECEASED OF (Type or print) DEATH 19 ĮQ. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED [ retaine 2 with 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, Jeven if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME HOY 14. MOTHER'S MAIDEN NAME ROWN Pages 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Arldress Give 18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-tronsit DUE TO Conditions, if ony, which gove rise to immediate cause (C) DUE TO 6 (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS S PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) Exam 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that Work charge of the remains described above, held an Autopsy ... Inspection 7. Inquiry grwarded to the Chief FUNERAL DIRECTOR: Accident , Suicide , Homicide , Undetermined cause death resulted from: Natura causes DEPUTY MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** farward DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 0 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) Cillian S. Traus SM 9/55

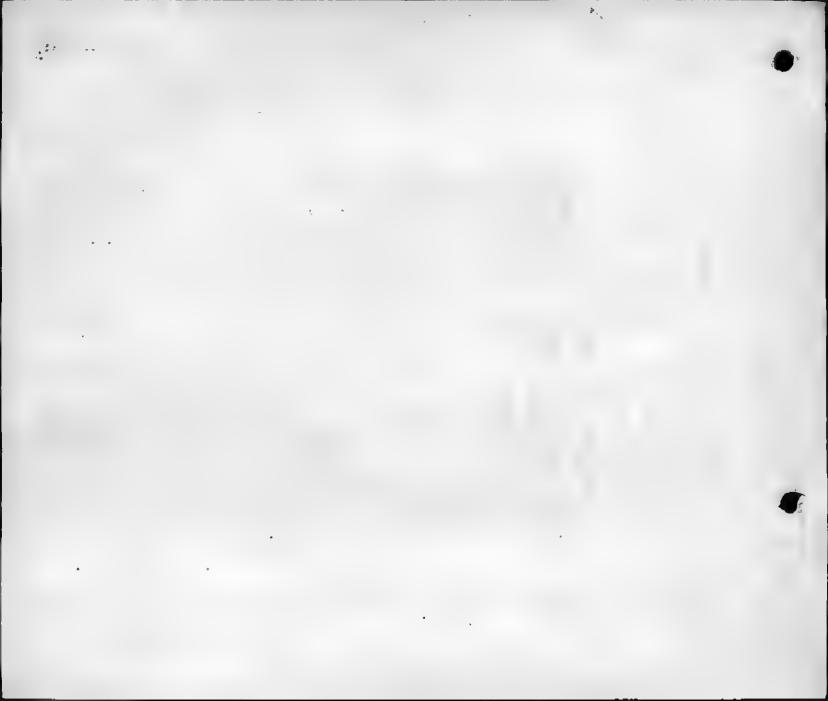
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH o. COUNTY g. STATE COUNTY filad MARYLAND Anne Arundel Maryland Anne Arundel ō b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give negrest lawn) RURAL - Annapolis Annapolis l dav d. NAME OF HÖSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e, IS RESIDENCE YES INO V General Hospital Anne Arundel Wilson Road Extended .⊆ NAME OF DECEASED First Middle 4. DATE Month Day Year (Type or print) DEATH Stella COBB April 20 1967 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX Months Dovi Hours WIDOWED X DIVORCED [ Dec. 22, 1881 Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Massachusetts 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME physicion 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY 664 IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES YY NO CALLLE FOR DEAL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Item 18) 20c. TIME OF INJURY Month. 204. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year (County) (State) factory, street, effice bldg., etc.) Hour o. m Not while of work at wark 1960, to April 20, 1961, that I last saw the deceased 21. I certify that I attended the deceased from. ,, and that death occurred at 12154.M, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE 121 Cathedral St. Annapolis, Md. 3 should PHYSICIAN'S FO FUNERAL NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22CANAME OF CEMETERY OR CREMATORY 22d-tQCATION (City, Jown, or county) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 5 '61 VS A15 (4) Circhart S. Thrank

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18



VR A15 (4) 15M II/59

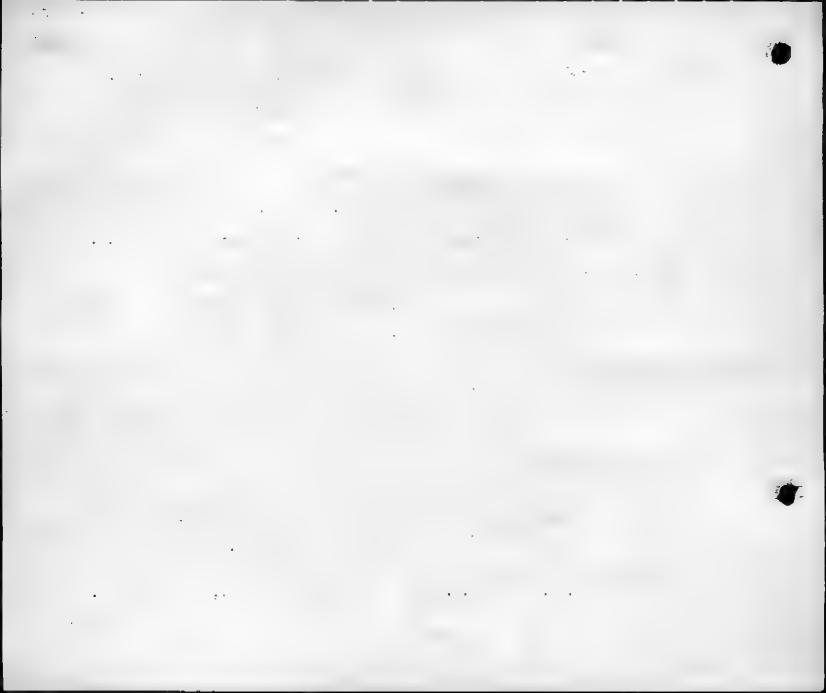
2833

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

03220

	0000				· · · · · · · · · · · · · · · · · · ·
	o. COUNTY Anne Arundel	MARYLAND	o. STATE Marylan	ere deceased lived   If institution  d	n Residence before admission) Anne Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 1b	CITY OR TOWN (If or	utside corporate limits, write RU 18	JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INST TUTION  Anne Arundel General Hospi		d. STREET ADDRESS	roe Court	e. IS RESIDENCE ON A FARM? YES NO X
	3 NAME OF First	Middle	Last	4. DATE Mont	/
	(Type or print) Rose	MAGIN	COFFMAN	DEATH April	
	Female   6. COLOR OR RACE   7. MARRI		Sept. 22, 190	lost birthdoy)	Months Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b l during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote of	or foreign country)	12 C TIZEN OF WHAT COUNTRY
	House Will H	ome		lvania	U.S.
1	13. FATHERS NAME OF COMES ME	Bricle	14. MOTHER'S MAIDEN N	C. Moll	
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9	SOCIAL SECURITY NO	ceved John	r. Coffman	ess (2)
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6]	e for (o), (b), and (c).	un Pine	unorny	INTERVAL BETWEEN ONSET AND DEATH
	170 X DUE TO G	rerown	7 Bre	ast E	
	gove rise to immediate couse (a), stating the under-	elactor	4		
	PART II. OTHER SIGNIFICANT CONDIT ONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
		CRIBE HOW INJURY OCCURRED	CEnter nature of injury in P	Port I or Port II of item 1B )	3436
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While		ACE OF INJURY (Home, form, tory, street, office bldg, etc.		(County) (State
	21 I certify that (I) (thickes that) attend sow the deceased alive on April 2				te, 19.61, that (I) (vericlass
	220 S GNATURE	Dars.	ATTENDING ME	A.M.	22b DATE SIGNED
	22c PHYSICIAN'S NAME (Type) A. T. ALLEN,		22d. ADDRESS		74- 16-
				al St., Annapo	
	Burel Specify 4-27-1961	Compapoles	nationcel	23d LOCATION (City, town, o	li mal.
	24 SUNERAL DIRECTOR'S SIGNATURE JOHN M. Heyler Cuss	anna polis	(Date)	PR 2 8 '61 C	TRAR'S SIGNATURE rilma S. Thoma



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3834

# **CERTIFICATE OF DEATH**

03829

-						
	PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (W. o. STATE MAR		If institution: Reside	nce before admission) NE ARUNI	PFL.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  15 YEAR:	sc. CITY OR TOWN (II	outside corporate lin	**	give negrest town)	
	d NAME OF HOSPITAL (If not an hospital, give street address) OR INSTITUTION  OR INSTITUTION  OF THE PROPERTY O	d STREET ADDRESS	IVERSIDE	0 -	e. IS RESIDEN ON A FARI YES NO	tM?
	NAME OF First Middle DECEASED (Type or print) ARTHUR WESLEY	COLE, SR	4. DATE OF DEATH	APRIZ	Day Year 29 194	11
5.	MALE WHITE WIDOWED DIVORCED	B DATE OF BIRTH  BPRIL 19, 19	9. AG lost	E (In years IF UNDE birthdoy) Months	R 1 YEAR IF UNDER 24 Doys Hours N	HRS Min.
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)  ### OFF EUR  ###################################	BALTO.	MARYLA		U.S.A.	UNTRY?
13.	FATHER'S NAME EDWARD ALLEN COLE	14. MOTHER'S MAIDEN	NAME	EYER		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT VIFE - MRS	4	Address R COLE -	SAME	
	18 CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	SPINE WIT	H META	STASES	INTERVAL BETWEE	EN VTH
	Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u>   DUE TO   Iying couse lost.					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERA	MINAL DISEASE CON	DITION GIVEN IN PA	RT 1(0) 19. WAS AUTO PERFORMED YES NO	0?
CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter noture of injury in	Port I or Port il of a	rem 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work of work	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or fow	n)	(County) (S	Stote)
	21. I certify that I attended the deceased from	c, 19.66, to	APBIL29	, 19 <u>4 C</u> ,that 1	last saw the dec	eased
	alive an APAIL 28 , 1960 , and that deal	th accurred at <i>le_1001</i>	M, from the ADDRESS (Street, ci		the date stated a	bave.
	SIGNATURE of Brady Amith	M.D. RIVIEBA	BEACIF		4//25	7 /G
	PHYSICIAN'S J. BRADY SMITH	PASA	OENA /	PARYLAN	0	
220		OR CREMATORY	22d. LOCATION (C	City. lown, or county)	e pro	
23	FUNERAL DIRECTOR'S SIGNATURE 1 Jms 130 & Jorg la	2	'D BY REGISTRAR	24b. REGISTRAR'S S	GNATURE	

YSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page moy be retained by the hosp or otherding physician.

TO FUNERAL DIRECTOR: After Ass certificate has been signed by the attending physician and completely filled in by the funeral directors. And a shall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VS A15 (4)



2835

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

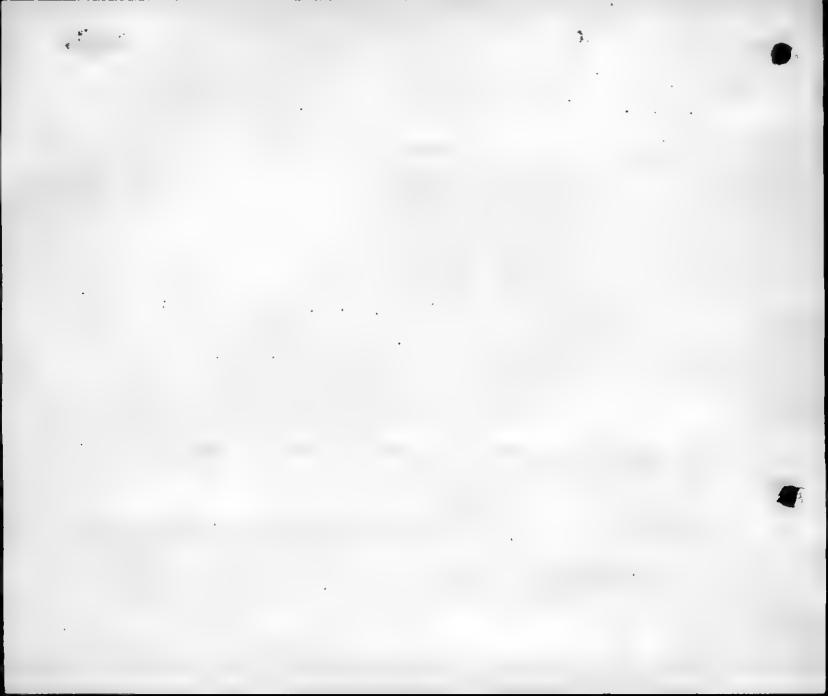
03830

1 -	PLACE OF DEATH  O COUNTY  2. USL  O. S	AL RESIDENCE (Where deceased lived. If institution- Residence before admission)  TATE  COUNTY
	Anne Arundel Comaryland	MD, 6 COUNTY
ŧ	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest fown)	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	huile itelt	acverna Voise ma
14	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	STREET ADDRESS  O A REPORT ON A FARM?
1	- Hilliam I	remobel (Second ) Cf YES NO DA
	NAME OF DECEASED (Type or print) (Type or print) (Type or print) (Type or print)	4. DATE Month Day Year OF DEATH 4-20-6/19
5. \$	SEX 6. COLOR OR RACEL 7. MARRIED NEVER MARRIED 8. DATE	OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS  last birthstay)  Months Days Hours Min.
	WIDOWED DIVORCED   No	30, 1892 last birrigary) Months Days Hours Min.
10a.	0a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if religied)	BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	Housevill Houl	Cheire ISLAND LIFE
13.	3. FATHER'S NAME	OTHER'S MAIDEN NAME
<u> </u>	- MARCARD	m 1
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMA	NT Address
	1.6 077.2146 50	- LEG / CURRIER - Iller
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Del Paraellus	Henolthool
	Tada OUE TO Cerebral He	molloge
	Conditions, if any, which ) (b)	7 017 2 40 010
	gave rise to immediate cause (a), stating the under-	ac. 1. 2-20-00-00-
7	lying couse lost, (c)	The state of the s
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
FICA		YES NO NO
CERT!	200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED (Enter OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	notifie of filliply in Fort Lot Cort to them to.)
MEDICA	CO TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF fociory, str. While Not while	INJURY (Hame, farm, 120f. (City or town) (County) (State) set, affice bldg., etc.)
MED	Hour a. m.  White Not white of wark   19   19   19   19   19   19   19   1	
	21 I certify that (I) (this hospital) attended the deceased from 19	56 19 10 10 (p   19 that (1) (we) lost
	sow the deceased alive on 4 1927, and that death a	occurred at 12 M, from the couses and on the date stated above.
	22a SIGNATURE	TENDING OF STAFF 4-20-6 SONED
		Levelua Porto mo
230	230 BURTAL, CREMAT ON, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREM.	ATORY 23d. LOCATION (City, town, or county) (51ote)
	REMOVAL (Specify)	Give le la la
104	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE
1	1111 English To the mit 10	/of DATE APR 2 A '61 Calling & House

TO HOSPITAL OR ATTENDING SICIAN: The law requires that the leath certificate lie exemuted within 24 hours after death. Pol may be retained by the haspilland ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direspage 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be Affect the State Board of Health prior to burial, cremation, an remayal, and in any event, within 72 hours after death. SICIAN: The law requires that the Teath certificate De exemuted within 24 hours after death. Pa

VR A15 (4) 15M 9/59



TO HOSPITAL OR ATTENDING PARSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hosp.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors. After this certificate has been signed by the attending physician and campletely filled in by the funeral directors. About be detached far use as the busial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to busial, cremation, ar remayal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

3836

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CI	ERTI	FIC.	ΔTE	OF	DE.	ATH

03831

	1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAT IV not in hospital, give street address OR INSTITUTION OF WILLIAM CETO.	19 Southgate are 900 NO STREET ADDRESS ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) Charles P. C	randall DEATH H- 1/ 1961
1	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH  9. AGE (In yeors lost burthdoy)  56 yrs    FUNDER 1 YEAR IF UNDER 24 HRS
-	100. USTAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during mast of working life, even if retiged)  Let Frew Liberts there Dunggest	Annakolis Md. U. S. A.
	Charles a, Crandall	Elizabeth Lindauberghin
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   If yes, give wor or dales of service)   16. SOCIAL SECURITY NO.   17.   1	Mary J. Crandall (2)
	1B. CAUSE OF DEATH [Enter only one couse per line for (c) (b) and (c) ]  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c) Ruptured alidam.	instand death onset and death
	Conditions if any, which gove rise to immediate (b) arterioralesales	· vareules disease
	lying couse lost. Due to Due to	a duriosculos descare
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES X NO
Sea	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PI Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) 20f (City or town) (County) (Slote)
	21 I certify that (I) (this hospital) attended the deceased fram.	
	saw the deceased alive an 4-10 1961, and that	death accurred atM, from the causes and on the date stated above.
	Samuel T. Q. Rewell L.L.	M.D ATTENDING MED. STAFF SIGNED
	Samuel T. R. Revehl, Jr	University Hospital, Balt. 1 Mc.
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY COMMISSION 4-14-61 ST Mary	or CREMATORY 22d LOCAT ON (City, town, or county) State) & State)
*	John M. Jayler Cus anapol	mde 250 REC'D BY REGISTRAR 25th REGISTRAR'S SIGNATURE  DATE APR 1 3 '61 Circling S. Kraue.

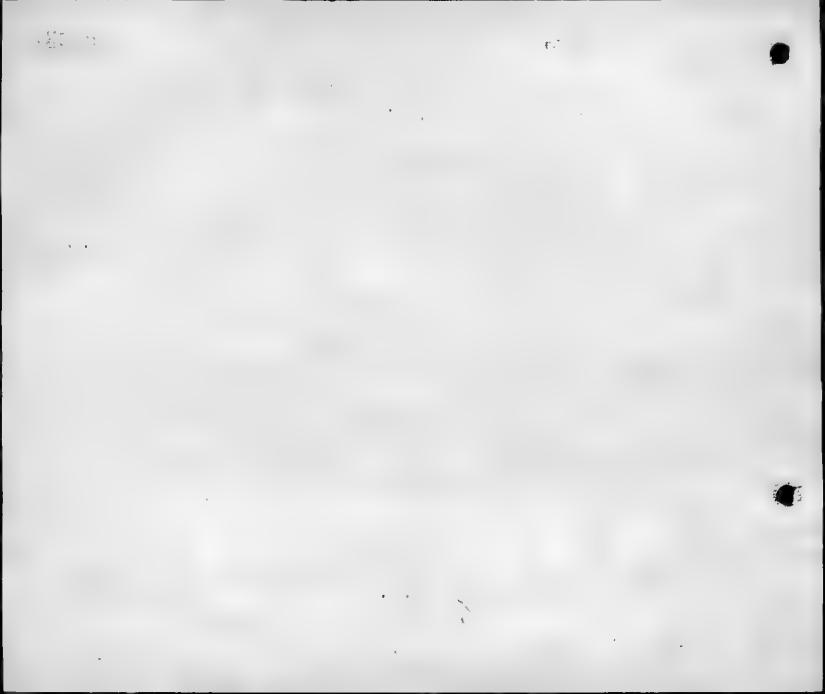


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidanca before admission) a. COUNTY a STATE b. COUNTY Anne Arundel 4 5 p MARYLAND Baltimore City maryland b. CITY OR TOWN of pulsida corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts. write RURAL and a ve neerest town) þ write RURAL and give nearest town) mos. YTS. Baltimore Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Ilnknown YES NO IX Crownsville State Hospital NAME OF Lest 4. DATE Month Middle DECEASED DEATH (Type or print) 61 Samuel Crippen 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T . B. DATE OF BIRTH 5. SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) and Male Negro WIDOWED TO DIVORCED T September, 1882 physician 10a. USUAL OCCUPATION (Give kind of work 940 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore on country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending Annie Long John Henry Crippen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) : (Ifyasgiva warordatas of sarvica) Hospital Records Hnknown Unknown 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebrovascular Accident IMMEDIATE CAUSE (a) DUE TO hypertensive Cardiovascular Disease Conditions, if any, which {b} gave risa to immadiata causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? 2 93 NO DC 20s. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II or Part II or CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 1 20s. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) White - - Hot While at work at work ..., 1961, that (I) (we) last (this hospital) attended the deceased from. 21. 1 certify that (1) 661 ., and that death occured at.2. M. from the causes and on the date stated above. saw the deceased 22b, DATE 22a. SIGNATURE ATTENDING DRECTOR PHYS. PHYS MD FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital, Maryland McHenry Mapp. M. Lionel filed v 23d LOCATION (City, town or county) (State) BURIAL, CREMATION, MOVAL (Spacify), 8 d. 0 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE ELINERAL DIRECTOR'S SIGNATUS VR A15 (4) 15M 9/60

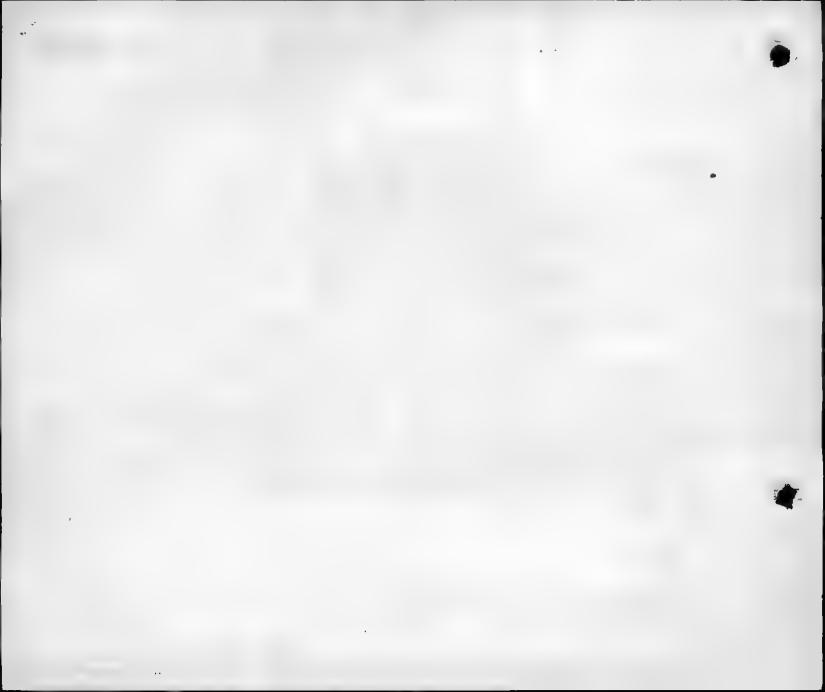
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MARYLAND STATE DEPARTMENT OF HEALTH

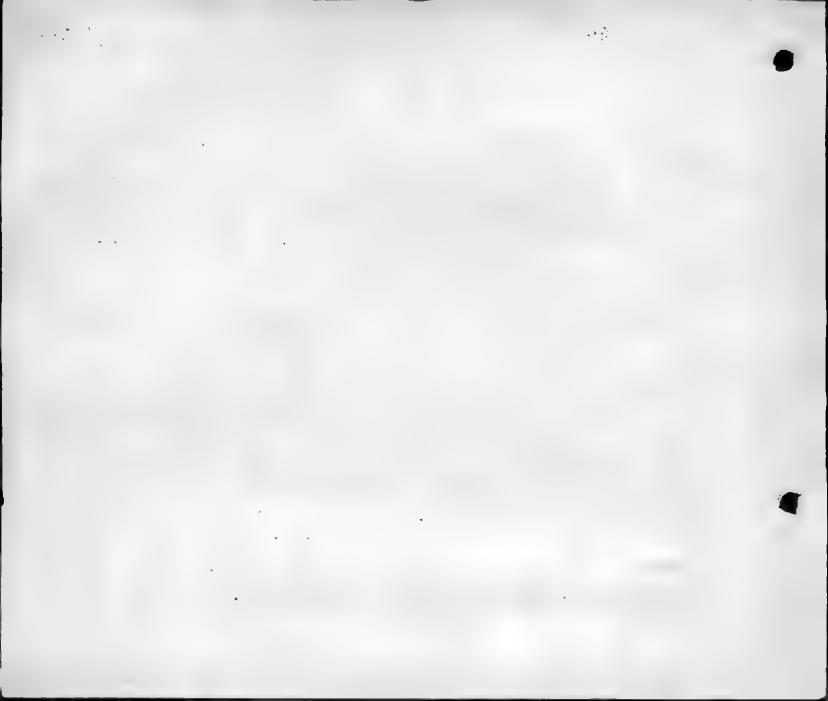


	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
1	3838 CERTIFICATE OF DEATH Reg.	Dist. Nd) 3032
M)	o. COUNTY ANNO ARUNDE A MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resid to STATE Md. b. COUNTY	ence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL on RURAL ond give neorest town)  BALTIMORE  BALTIMORE	d give nearest town)
X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 201 CAM BRILLS Rd- 4679 PARK Height	Ave e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GORGE E. CROYSE DEATH APRIL	Day Year 22 196/
	Make Color or RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Make White WIDOWED DIVORCED 6/18/1889  9 AGE (in years lift UND Months)  Months	ER 1 YEAR IF UNDER 24 HRS Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done of the little of the littl	TIZEN OF WHAT COUNTRY
T	JAMPS H. CROUSE UN KNOWN	
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 2 (Yes no or uphnown, 111 yes, give wor or doles of service) 218-01-8949/185. Joseph Peddicord.	07 GAMBRI
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) 101 Hypertengine Cardia Vascular Dispise	5 / drs
	gove rise to immediate couse (a), stating the under- lying couse last.	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	ART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO
	20g ACCIDENT WAS UNDERLYING   ON CONTRIBUTING   CAUSE OF DEATH   OF CONTRIBUTION   OF CON	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED thou o.m. 20f. (City or town)  White Not white of work to wo	(County) (State)
	21. I certify that I attended the deceased from April 18, 1961, to April 22, 1961, that alive an April 21. 1961, and that death accurred at 7 A. M. from the causes and an	l last saw the decease
1	ACTUAL SIGNATURE CONTROL OF MAD (CEMPA 1/1/5 M)	DATE SIGNE
.,	PHYSICIAN'S Edward 6. Skerritt	
	DERIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county Belloval (Specify) Gyml 25, 1981 SEVERN GROSS Rd. CAM. SEVERN	(Stote)
	3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRES	4
ŧ	35/2 Fred. Ave. BALTO. Md.	



VS A15 (4) 15M 9/55

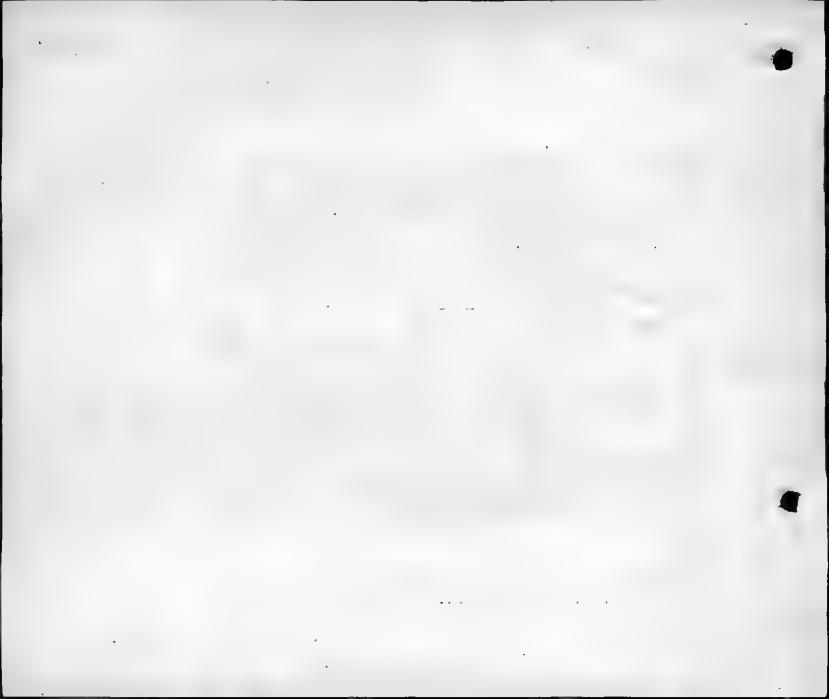
	1 PLACE OF DEATH				NCE (Where decease		on: Residence befor	re admission]
)	6. COUNTY Ann	e Arundel	MARYLAND	o STATE Ma	ryland	b. COUNTY	Howard	d /
	b. CITY OR TOWN (If outside RURAL and give nearest to		c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	orote limits, write RI	URAL and give nea	rest fown)
	Annapolis		19 days	Ca	tonsville		0.3	X
1	d NAME OF HOSPITAL (II no OR INSTITUTION	ot in haspital, give street	address)	d STREET ADI	DRESS			o. IS RESIDENCE ON A FARM?
-	Anne Arundel G	eneral Hosp	ital	2021	Edmondson	Ave.,		YES NO KIK
	3. NAME OF DECEASED	First	Middle	losi	4. DATE OF	Mon	lh Da	y Yeor
	(Type or print)	Dempsey	WALTER	ELLIOTT	DEATH		11	19 61
	5 SEX 6. CO	LOR OR RACE 7 MARI	RIED 🔲 NEVER MARRIED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Days	
		ite widow			1900	60 yrs.		Hours Min.
	10a USUAL OCCUPATION (Give during most of working life,	even if retired)				country)		F WHAT COUNTRY?
	DISTRICT CLAIR	MS MER. NA	TICHWIDE LNS.		ahoma		U.S.	•
	13. FATHER'S NAME			14. MOTHER'S M	MAIDEN NAME			
	nns	nour		Marc	Butter	~		
	15, WAS DECEASED EVER IN U. (Yes no, or unknown)   (If yes, gir	S. ARMED FORCES? 16	SOCIAL SECURITY NO 17.	INFORMANT	2 0	11 Addr	en .	
				allan	NI 63	Riott	- (2	,
	18. CAUSE OF DEATH [En	nier only one couse per li	ne for (o), (b), and (c).]					RVAL BETWEEN
	PART I. DEATH WAS	S CAUSED BY:	AL MUNICIPALITY	i local	AL POLL & Dre	u.	72	ET AND DEATH
	44.0	DUE TO			3			
	Conditions, if any, whi	***						
	gove rise to immedia	ote (O)			··········			
	couse (o), stoting the und	DUE TO						
	lying couse lost,	(c)	CONTRIBUTING TO DEATH BE	IT NOT BELLIED TO T	HETERMINIAN DISEA	SE CONDITION ON	ENT INT BART 1(a)	V29OTUA 24W 0
-36	PARI II. OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	I NOI KELAIED IO I	HE FERMINAL DISEA.	SE CONDITION OIL	CIA HA LAKI 1(0)	PERFORMED?
	5		Chine House business occurs	Sem re a constitution		11 -5 (to 10 t		YES NO
	PAWI 11. OTHER SIGN  200. ACCIDENT WAS UNDI OR CONTRIBUTING  OR CONTRIBUTING  CAL OF EITHER, NOTIFY MEDICAL	JSE OF DEATH	CRIBE HOW INJURY OCCUR	CD. (Enter nature of a	injury in Fort 1 or Fo	ri ii or iiem ib j		
	20c. TIME OF INJURY Mon	th, Doy, Year 20d. I While		PLACE OF INJURY (Ho factory, street, office b	ome, tarm, † 20f. (Cil oldg., etc.) †	y or lown)	(County)	(Stote)
		19 of wor	k at work		i			
	21. I certify that I a	ttended the deceas	sed from Mar. 23	, 19.61,	to April	10, 1961	,that I last so	w the deceased
	alive onAr	ril 10, 196	$oldsymbol{1}_{}$ , and that dea	th occurred at $oldsymbol{1}$				
	1	.1 0			ADDRESS (	Street, city or lown,	stote]	DATE SIGNED
	SIGNATURE THE	thelmen		_M.D121	Cathedral	St.	~	4/11/61
	PHYSICIAN'S To be	T II-3						
	NAME (Type) JOINT	n L. Hedemar	1	Anna	polis, Md	A		
	220. BURIAL, CREMATION, 225	DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	226 100	ATION (City, lown, o	or county)	(Stole)
	Chanalton 4	1-13-61	Homeo	en Cem	les 92	mee Le	e Co	Will.
	23. FUNERAL DIRECTOR'S SIGN	ATURE /	ADDRESS	me man 2	240. REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGNATUR	RE -
	grem M. 4	ay on su	a correla	the sale	DATE APR 1 2	'61 c	1. 1. 2. Th	aud



VS. AISME SM 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rec. Dist. 03835

-						Keg. Dist. 446.
	PLACE OF DEATH	Arundel	MARYLAND	2. USUAL RESIDENCE (V		stitution: Residence before admission)
7	6. CITY OR TOWN (II outside and give nearest town) Marley	Glen B	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		rite RURAL and give nearest town]
	6 Second		t in hospital, give stylet address)	d STREET ADDRESS	h Ave SE	e. IS REJIDENCE ON A FARM? YES NOW
3.	NAME OF DECEASED (Type or print)	John	Alexander	Engler	I OF	onth Doy Year pril 26, 1961
5.	Male 6.		MARRIED NEVER MARRIED 8.	DATE OF BIRTH Feb. 7,189	9 AGE (in year) lear b gheoy)	Manths Doys Haurs Min.
100	during most of working life	Give kind of work done of AA Co.	10b. KIND OF BUSINESS OR INDUST School Board	RY II. BIRTHPLACE (State Mary]		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	n)-0"
	Wil	lliam Eng	ler	An	ina Divens	
		U. S. ARMED FORCES		Mrs Gol	die Engler	
NO	Candilians, if any, gove rise to immediate (o), stating the under course tost.	ortying DUE TO		COLUMNO X		GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
L CERTIFICATION	1	BUTING []	ESCRIBE HOW INJURY OCCURRED (E			YES 🗋 NO 🖸
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED   20e PLAI While Nat while of work   of work	CE OF INJURY (Home, form ary, street, office bldg., etc	n, i 20f. (City or lown)	(County) (State)
	opin on death res	ulted from: Nat	the remains described about rate causes 📑 Accident			A, Inquiry \(\sigma\), and in my etermined manner
	ACTUAL SIGNATURE	chave IX t	aubentil	M D CHIEF MEDICAL EX	_	DATE SIGNED
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H. Faube	rt, M.D.	DEPUTY MEDICAL		April 27,1961
22	REMOVAL (Specify) Burial	226 DATE THEREOF 4/29/61	200 NAME OF CEMETERY OR LOUGON Pai		22d, LOCATION (City, 1d) Baltimo	
23	Hopping	GNATURE MA	Cillag DDRESS	24a. REC		EGISTRAR'S SIGNATURE CIRCLING & TOWN
		La Company	~ /	201711		_



FOR STATE please execute the certificate, writing the word "pending" in pendil in Item 18. Give Rages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. INER: This certificate should be executed within 24 hours after death. If any delay is necessary, TO DEPUTY MEDICAL E. VS. A15ME

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03836 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arundel.
b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	North Beach Park  d. STREET ADDRESS  o. IS RESIDENCE ON A FARMY
3. NAME OF At Home	YES NO A
DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print)  XENTA MARIE  5. SEX 16. COLOR OF RACELY HARRIST TO MEYER MARRIED TO	FARR DEATH April 23, 19 61  B. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 24 HRS.
, MARRIED HEVER MARRIED	last birthdey) Months Deys Hours Min.
Female White WIDOWED DIVORCED 1  TOe. USJAL OCCUPATION (Give kind of work done during most of working I fe, even if retired)	Nov. 26, 1892   67 yrs.     12. CITIZEN OF WHAT COUNTRY?
Hanak Clerk Ret. U.S. Gov.	Fineland USA
_John Leinor	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no., or unknown] (Ifyesgive were refered be sof service)	INFORMANT 3700 New York Ave.
	s John Smith-Daughter- Union City, N.J.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	ANTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carbon monoxide po	
> DUF TO	
Conditions, if any, which (b)	
(e), stelling the underlying DUE TO	
cause lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19. WAS AUTOPSY
PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20b. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CONTRIBUTION CAUSE OF DEATH.	PERFORMED?
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, I	(Enter neture of injury in Pert I or Pert II of item 18.)
PRIMARY To or CONTRIBUTING CAUSE OF DEATH.	
OURLEGION	ACE OF INJURY (Home, form, ; 20f. (City or town) (County) (State)
I S I I I I I I I I I I I I I I I I I I	House North Beach Park, A.A., Md.
21 I certify that I took charge of the remains described above, h	
	cide . Homicide . Undetermined manner
No-1	CHIEF MEDICAL EXAMINER
SIGNATURE STORMEN	M.D. ASSISTANT MEDICAL EXAMINER
WALKETERIO	DEPUTY MEDICAL EXAMINER [ 4/24/6]
NAME (Type) MISSELL . Fisher, M.D.	Address (Street, city, lown, or county)
220. BURIAL, CREMATION, 22b DATÉ THEREOF 22c. NAME OF CEMETERY O	PR CREMATORY 22d. LOCATION (City, town, or country) (Stele)
emove 1-Burist May 1, 1961 Rosemont Memo:	rial Park   Newark, N.J.
Hutchens Funeral Home Owings, Maryla	ANALY 9 761 Outling & Hanna
Tradition I dilot di noma owings, Ital y la	I DAIS



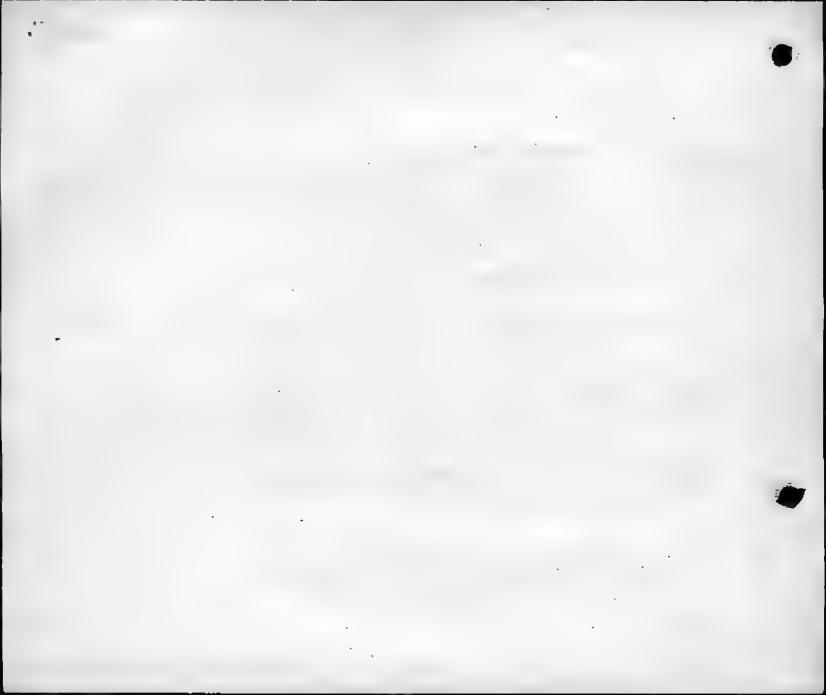
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03837

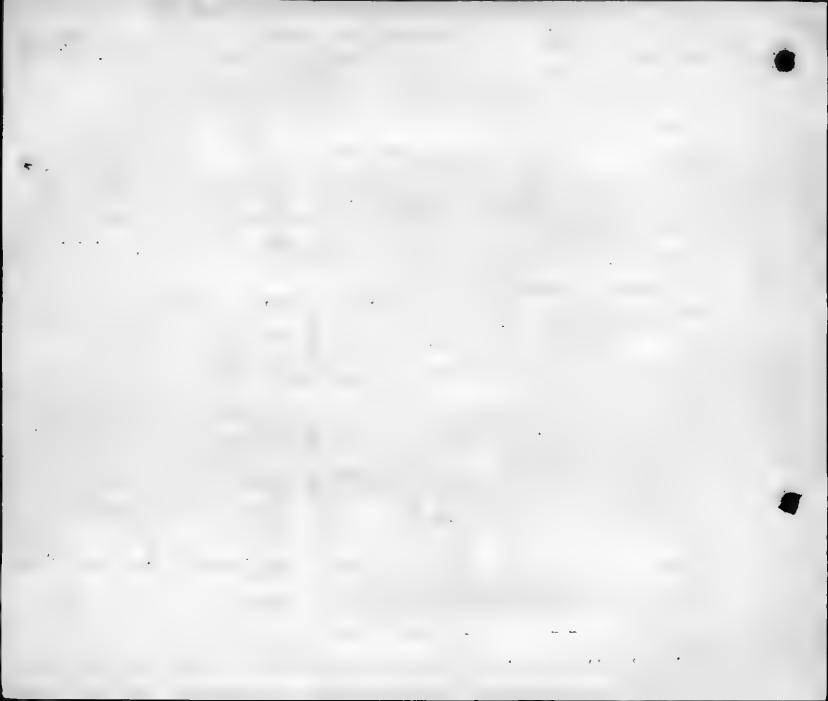
1, PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (When a. STATE	e deceased lived. If ins b. COU		pefare admission)
	OF STAY IN 16	c. CITY OR TOWN UIF out	side carporate limits, wi	ite RURAL and give	nearest town)
RURAL and give nearest fawn)		Como	1		
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	Pancle.	ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle 7	Lost (	I. DATE OF DEATH	Month	Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED X NEV	ER MARRIED   B	DATE OF BIRTH	9. AGE (In y		EAR IF UNDER 24 HRS
Male White WIDOWED	DIYORCED 🗌 .	Fely 2 - 19.	00 61	yrs.   Months   Da	ys Hours Min.
10a. USUM OCCUPATION (Give kind of work done 10b KIND OF 81	USINESS OR INDUST	RY 11. BIRTHPLACE (State or	fareign country)	12. CITIZEN	OF WHAT COUNTRY?
13 FATHER'S MAME	apermen	14 MOTHER'S MAIDEN NA	ua	19,	3, 4.
Henry Farren		14 MOTHER'S MAIDEN NA	Do Roy	ral-	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17 INE	ORMANT 4	4	Address	2
(Yes, no, or unknown) (If y/s, give wor or dates of service)	()	reth 1.	tarren		2)
18 CAUSE OF DEATH [Enter anily one couse per line for (a), (b)	), ond (c) ]	1) 4.	4 -		INTERVAL BETWEEN
PART   DEATH WAS CAUSED BY:	ation of	malnulru	lion		lowle.
1531 DUE TO (1000	inema	terio			5-6700
gave rise to immediate	Orcanica	2 1	2 1 1		J-GINCS
lying couse lost.	-carcin	ima splee	nie flexur	e colon	undeterm
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
					YES NO D
OR CONTRIBUTING   CAUSE OF DEATH   200. DESCRIBE HOW   1   1   1   1   1   1   1   1   1	INJURY OCCURRED.	(Enter nature of injury in Pa	rt   ar Part    af item    E	11	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not w of work □ at work □	- feets	E OF INJURY (Hame, farm, iry, street, affice bldg., etc.)	20f. (City or town)	(Cau	nty) (State)
₹ p. m. 19 at work at wor					
21 I certify that (I) (this hospital) attended the d	eceased fram	10-20 196			, that (1) ( <del>440)</del> last
saw the deceased alive an	and that de	ath accurred at	///fram the cause	s and an the d	late stated above
Sarby Co. Valine	~ ). M	.D. ATTENDING MED	STAFF PHYS	4-	6-6/SIGNED
BARBER C. PALME	R VR.	27 FRANK	YLIN ST.	ANNAT	70LIS M.
23g BURIAL CREMATION, 23b DATE THEREOF 23c NAM REMOVAL (Specify) 4-8-196/ 77	SE OF CEMETERY OR	CREMATORY 2	The Les	Co	Mol
24 FLNERAL DIRECTOR'S SIGNATURE LOT Suns COPPR	mapol	Md DATEADR		REGISTRAR'S SIGN.	

TO HOSPITAL OR ATTENDING
SICIAN: The law requires that the diath certificate be executed within 2 hours after death. Together may be retained by the hasp
TO FUNERAL DIRECTOR: After miss certificate has been signed by the attending physician and campletely filled in by the funeral directors. After miss certificate has been signed by the attending physician and campletely filled in by the funeral directors as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 7 hours offer death.

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 3843 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Anne Arundel Anne Arundel shauld be filled MARYLAND ofter death. eral b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Pasadena d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? Mountain Road Mountain Road 25 YES NO in b NAME OF 4. DATE First Middle Los Month Day Filled ges 1 c OF DEATH LAURA APRIL 1961 29 Pages (Type or print) 9. AGE (In years 8 dost birthday) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH campletely 1878 Female White March Months Doys WIDOWED DIVORCED [ popers. 18a USUAL OCCUPATION (Give kind of work done 18b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even it retired)
1018ewife Maryland U.S.A. oug 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frederick Dagler Maranda Watts death certificate 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Ethel Smith. 2912 Montebelloe Terrace INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY requires that the IMMEDIATE CAUSE (6) DUE TO ardiac decompensation Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while of work 29, 1941, that I last saw the deceased 21. I certify that I attended the deceased from Lee and that death accurred at 11:30 1. M, from the couses and an the date stated above. may be retained by the SEUNERAL DIRECTOR: page 3 shauld be detacl ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior he registror PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, town, or county) (Stote) REMOYAL (Specify) Baltimore National Baltimore 10 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR Wm. Cook, Inc., 1217 St. Paul Street DATE MAY 2 761 Circlian & Ft aux



W. PRESTON STREET, BALTIMORE 1, MARYLAND CH AND RECORDS. COR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Page a. COUNTY Anne Arundel o. STATE Maryland 6. COUNTY of Health, ifter death. If any delay is necessary, 2, and 3 to the funeral director. Pag. 2, and 10 to the files. Anne Amindel MARYLAND b. CITY OR TOWN ( f outside corporete I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give neerest town) write RURAL and give nearest town Annapolis Board Annamlis d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM Anne Arundel General Hospital 53 Shaw Street Stafe YES NO 3. NAME OF 4. DATE Month DECEASED 19 61 KEITH FORRESTER the April (Type or print) DEATH with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. may b 2 with and 2 w. last (rthday) ig" in pencil in fiem 18. Give Pages 1, 2, and is Office along with form PM3. Page 5 may a burial-transit permit, File pages 1 and 2 wi emoval, and in any access. Months Days Hours Male Colored Nov. 18-1959 WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) \_-:-----------Provident Hosp. Balt. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Audrey B. Harris Bernard A. Forrester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ( (If yesq Vawaror dates of sarvice) Audrey B. Harris-53 Shaw St. Anna. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peritoneal hemorrhage IMMEDIATE CAUSE (a) **DUE TO** Ruptured liver Conditions, if eny, which gave rise to immediate cause "pending" Examiner's 10 **DUE TO** (a), stelling the underlying 95 Blunt-force abdominal injury cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01: 19. WAS AUTOPSY CERTIFICATION PERFORMED? writing the word Chief Medical Fage 3 should be NO 206. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Port II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Blow to upper abdomen incurred in undetermined manner 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY (Slata) forwarded to the Chira Not While \_\_\_\_; factory, street, office bldg , etc.) While 1961 at work at work prior Annapolis ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry agent, Accident X death resulted from: Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 4/16/61 **EXAMINER'S** W. Bradley King, Jr., M.D. NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Annapolis, Maryland 4-19-61 Brewer Hill g 40 g Burial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME C.E.Hicks LLL Annapolis, Md. 5M 7/59 DATE APR 21 '61 Cirthur & Kraus



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3845

## **CERTIFICATE OF DEATH**

Reg. Dist. No. 03840

			11			
1.	PLACE OF DEATH	MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     STATE			
1	b. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town)  1 ASON'S BOULL, DENEE	c. LENGTH OF STAY IN 16	Masors	Bedch	mils, write RURAL and g	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRES		DENTE,	e. IS RESIDENCE ON A FARM? YES NO 2
3.	NAME OF DECEASED (Type or print) Harry	Hiddle	razier	4. DATE OF DEATH	Abril	26 1961
L	Male White widows	ED DIVORCED	8. DATE OF BIRTH	7 9. AG	Wirthdoy) Months	Days Hours Min.
L	I. USUAL OCCUPATION (Give kind of work done) 10b. during most of working life, even if returned)  ALC VREA. The delining life with the property of the propert	UIS LTOUT,	Wash	tole ar foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
	ARTHUR Fr	JZ/E/R	IA MOTHER'S MAID	Rubius	2//	523/-
ÇY4	t, no, or unknown) (If yes, give war or dates of service)	E	THELF	1 FRAZIC	77. HOSONS	Beach Mid.
	18. CAUSE OF DEATH [Enter only one couse per fit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oronary	thrombo	515		ONSET AND DEATH,
	Conditions, if any, which	heroselero	s/s & c	oromory ar	tery dispose	years
	gove rise to immediate couse (a), stating the <u>under-tying couse tast.</u> DUE TO  (c)					/
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (					1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enler nature of injur	y in Part I or Part II of	item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. If Hour o. m. 19 While of work	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg.		vn) {C	ounly) (State)
	21. I certify that I attended the decease alive on March 13, 19	ed from Nonel				ast saw the deceased e date stated above.
	ACTUAL TVILLAR SIGNATURE TVILLAR SIGNATURE	ith	MD. She	ADDRESS (Street, c		PATE SIGNED
	PHYSICIAN'S WILLARD	SMITH				/ //
22	P. BURIAL, CREMATION, 226. PATE THEREOF	122c. NAME OF CEMETERY OF	OR CREMATORY	FO + TM	City, lown, or county)	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	"	REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	
	( econocieras y ( town		I DATE	MAIL Z O	CUNIUM A	, L PARTIES

may be retained by the hosp or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions. After the second of YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING PH



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3846 **CERTIFICATE OF DEATH** Reg. Dist. No. 384 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY b. COUNT MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) RUMS ond give peorest town) 70 the d. NAME OF HOSPITAL (If not in hospital, give street address d STREET ADDRESS e. 15 RESTDENCE OR INSTITUTION ON A FARM? 424 7-tain YES NO F .⊑ NAME OF Middle Last 4 /DATE Month Year Filled DECEASED DEATH (Type or print) 196 ages 5 SEX 6. COLOR OF RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Hours DIVORCED | WIDOWED F yrs. COM 10a. USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR) 12. CITIZEN OF WHAT COUNTRY? pap during most of working life, even if retired) meade Camp Murse Pull after 13. FATHER'S NAME MAIDEN NAME physician 200 remave 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT yes, give wer or dates of service) tending 18. CAUSE OF DEATH [Enter only one cause per ling-for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Orona IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gned gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔽 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY Diame, form 20f. (City or town) TIME OF INJURY Month, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) e m While at work at work that I attended the deceased fram. that I last saw the deceased that death occurred at M, fram the causes and an the date stated abave. **ACTUAL** SIGNATURE shauld PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION. 22d. LOCATION (City, town, or coun)? 22c. NAME OF CEMETERY OR CREMATOR 0 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SUSMATURE VS A15 (4) arthur S. Kroud APR 1 0 '61 15M 9/58



ion io		3847 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH Reg. Dist. No. (13842)
sho cremat	N	CE OF DEATH COUNTY M. A. CO - MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)  o. STATE  Md.  b. COUNTY  A • A •
Page . burial,	0	TY OR TOWN (If outside corporate finits, write RURAL ond give recreat town)  The stay in the stay of the stay in t	
- ta	7 (	IAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
directe	and the second	O.A. Anni feundel general	ON A FARM? YES NO
ny delle meral yaur f		ME OF First Middle (EASED) Se or print)  AM C	Loss 4. DATE Month Day Year OF PLATH 5 1961
f of for some of the sound of t		6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH P. AGE-TIN years IF UNDER 14 HRS.
+ 0 5 € + 0 ±	1	M. C WIDOWED DIVORCED	5-11-0/ Jyrs. Manths Days Hours Min.
nd 3 1 retoii		SUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INI ng most of working life, even if retired)	
offe 2, 0 y be an	-	THER'S NAME	14. MOTHER'S MAIDEN NAME
s 1, mo		90	14) MARCINE & GRUNNIA 110/MP
4 houge age 5 pag		AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
E 6 2		or unknown) (If yes, give war or dotes of service)	
A CO. 5.1		CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	NTERVAL BETWEEN
a B.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	gnset and death
recu Tem Total		LL 34 LIQUETO	
Fig. 4		anditions, if any, which) (b)	
and the training and and training and training and and and and and and and and and		ove rise to immediate cause DUE TO	
show of a		ouse last. (c)	
ficate i ling" i Office		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
d 'pendiminer's		DESCRIBE HOW INJURY OCCURRED IN 10 OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED INJURY OCCURRED IN 10 OF DEATH.	D. (Enler nature of injury in Port I or Port II of item 18 )
NEA: T			PLACE OF INJURY (Home, form, foctory, street, effice bldg., etc.) (City or town) (Caunty) (State)
A wed	egay,	I. I certify that I taak charge of the remains described of	above, held an Autapsy [], Inspection [2], Inquiry [], and find that
EXA Service R. P.			Suicide . Hamicide . Undetermined cause .
A GO		200	outles E, Hamilia E, Ongelessine aust E.
FD (FO)		CTUAL CO Fine half	M.D. CHIEF MEDICAL EXAMINER []
certification of to		1 1 11	ASSISTANT MEDICAL EXAMINER
the strate		AME (Type) E. LINITATON.	DEPUTY MEDICAL EXAMINER \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
cute if farwer or re-	10 A	JRIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stoje)
	7/1	NERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A1SME(S) SM 9/SS		xxx it x a Galan	DATE APR 17'61 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 3848 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY **b** COUNTY MARYLAND OKNOWN (If gutside carporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town} ellerwille d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OF INSTITUTION 24 elwood manon d ni NAME OF 4. DATE OF Manth filled DECEASED (Type or print) DEATH 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths DIVORCED | WIDOWED 7 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) and ban 72 h skenler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ë within remove 17. INFORMANI EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. Address offending LNKOWH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which permit gned gave rise to immediate **DUE TO** cause (a), stating the underlying cause last been s PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Nat while at wark 🔲 at wark 📋 p. m. ę 21 I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 25 AM, from the causes and an the date stated above may be retained by the h FUNERAL DIRECTOR: A page 3 should be detach saw the deceased alive an 22a SIGNATUR ATTENDING MED. STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type! CHOVCH 23g. BLR.AL. CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) 10n 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORS SIGNATURE 250 REC'D BY REGISTRAR '67 VR A15 (4) DATE 15M 9/59

15 RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

Louis

WAS AUTOPSY PERFORMED? YES NO A

(State)

22b, DATE SIGNED

(State)

Days

(County)

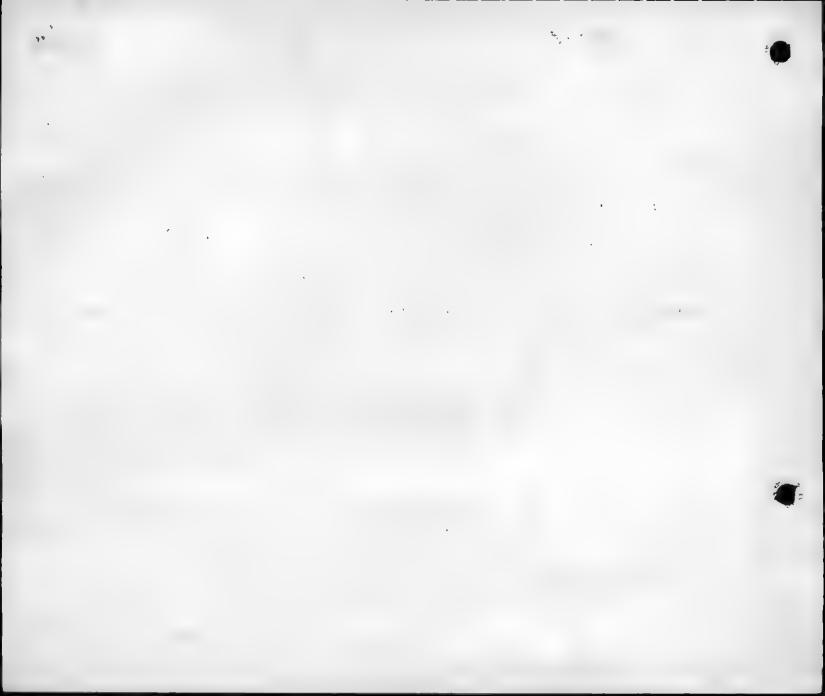
1901, that (1) (we) last

ON A FARM?

YES T NO T

Year

19

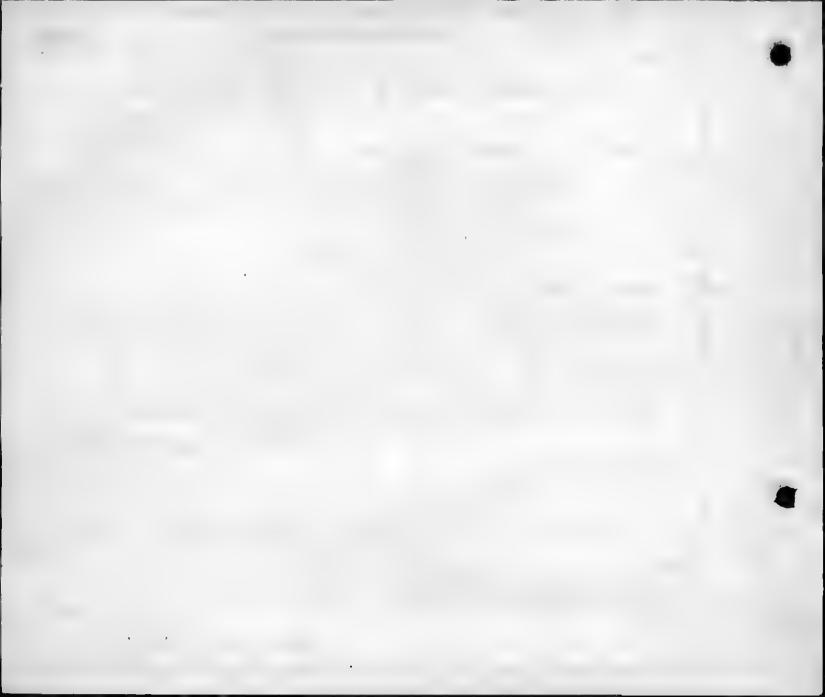


VS A15 (4) 15M 9/5S

IS RESIDENCE ON A FARM? 102 Fourth Ave YES TO NO P Day Yeor 1961 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Q yrs. 12. CITIZEN OF WHAT COUNTRY? USA Address same as INTERVAL BETWEEN CINOMATOSIS GENERAL ONSET AND DEATH CARCINOMA Of Coecum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part II ar Part III af item 18.) (County) (Slote) 19.6/\_that I last saw the deceased ZM, fram the causes and an the date stated above. 22d. LOCATION (City, town, or county) (State) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Burnie,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 03844



OR STATE TO DEPUTY MEDICAL EX. NER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in frem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burlat, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11.2. USUAL RESIDENCE (Where decreased lived, if institution) Residence before admission.

•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institutions Residence before admission)
ı	a. COUNTY A.A. Co . MARYLAND	a. STATE MAD b. COUNTY ALCO
V	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	0. 1 - 8
4	Consopale Rea-	Crawnsselle 200
3	d. NAME OF MOSPITAL OR INSTITUTION (if not in hospita, give street and ess)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
J	D.O. A- Anne Urundel Here	RA. # Z
7	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print)	Meusley DEATH 4 25 1961
	5. SEX 6 COLOR OR RACE, 7, MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (IN years IF UNDER 1 YEAR) IF UNDER 24 HRS.
1	M WIDOWED DIVORCED	1 - 24 - 102 n Isst birthday) Months Days Hours Min.
	10a. DSUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTI	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
ı	1 Agger Vice Diever	ORlahoma 7. S.A.
	13. ATHERS NAME	14. MOTHER'S MAIDEN NAME
H	Wasan Hemolow	Mla Cornex
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL PECURITY NO. 17.	INFORMANT
	(Yes, no, or unkown) (Hydsgivewarordatasofservice)	Frada Handa (2)
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).	TILLULE TOTAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	yeurs fuller
	DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate cause [6], stating the underlying DUFTO	
	cause last. (c)	
		OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY JO CONTRIBUTING  CAUSE OF DEATH  CAUSE OF	PERFORMED?
	208. EXTERNAL CAUSE WAS 1 206. DESCRIBE HOW INJURY OCCURED.	Enter nature of Injury in Part I or Part II of Item 18.)
	PRIMARY Prof CONTRIBUTING	Language Audical
1	Cone out	the to proper
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PL/ How a,m 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	# 1:25 p.m. 4.21 156   et work   et work   4/h	Street HNNSpolls- Alla MD
	21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion
j	death resulted from. Natural causes . Accident XI. Suic	ide Homicide Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL COL	<u> </u>
Į	SIGNATURE COLOR	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER
	NAME (Type)	Address (Street, city, town, or county)
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial 4-28-1961 Hilleres	Menoral amobales Ma-
	23. EUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
	Atem 14. Hayler Jun Coma pol	DATE APR 28'61 Chiling S. throa
-		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if 'institution: Residence before edmission) a. COUNTY a. STATE **b.** COUNTY MARVIAND Anne Arundel Maryland Talbot

c. CITY OR TOWN (foutside corporate limits, write RURA, and give nearest to and 2 death. b. CITY OR TOWN (if outside corporale I mits. C. LENGTH OF STAY IN 16 write RURAL and give nearest town! ed in t 8mos. 12 days Easton Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 605 Dover Street YES NO Crownsville State Hospital completely papers. n 72 ho 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH Charles 1961 Holmes carbon IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers last birthdey) and Haure June 9, 1898 Male WIDOWED T DIVORCED Negro IDe. USUAL OCCUPATION (Give kind of work геттоуе 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHP, ACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Unknown U.S.A. Helper (Lumber Yard) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Emma Newman attend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no or unkown) (Hyesgivewarordalesofservice) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia physici MMED, ATE CAUSE (e) signed DUE TO geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(9): 19. WAS AUTOPSY cert/ficate PERFORMED? SE Chronic Brain Syndrome Associated with General Arteriosclerosis NO -200. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I of Jem 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, (County) (Stele) Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.] While Not While Hour e.m. at work рm, saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING STAFF MED PHYS. DIRECTOR PHYS. death, Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland Benedict, 236. BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, fown or county) (Stelle) NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) 0 25. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE ZARFUNERAL DIRECTOR'S VR A15 (4) 15M 9/60 DATE



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3852

### **CERTIFICATE OF DEATH**

03847

PLACE OF DEATH a. COUNTY	Anne Aruhde	1 MARYLA	II a	STATE Mary		d. IF institution B COUNTY	Res dence befo	
b CITY OR TOWN RURAL and give Annap		rite c LENGTH OF STAY IN	l lb c.	CITY OR TOWN (IF	outside carporate	limits, write RU	RAL and give ne	earest tawn)
OR INSTITUTION	ITAL (If not in hospital, give :		1	715 Mont	erey Ave.	9.9		e. IS RESIDENCE ON A FARM? YES NO 🐧
3. NAME OF DECEASED (Type or print)	First Mabel	Middle C	Н	Last OUSLEY	4. DATE OF DEATH	Manth April	28	Pay Year 8 19 61
s. sex Female	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	_	y 19, 190	lo lo	GE (In years	F UNDER 1 YEA	R IF UNDER 24 HRS
10a. JSUAL OCCUPAT	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR			e or fareign cauntr	у)	12. CITIZEN O	OF WHAT COUNTRY
13. FATHER'S NAME			14.	MOTHER'S MAIDEN		A.D.		
	ek in J. S. ARMED FORCES (If yes, give war or dates of service no	7 16. SOCIAL SECURITY NO	17, INFORM			Addre		ıs # 2
	ATH [Enter only and cause ATH WAS CAUSED BY IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]	in 1	heumine	lij		ON	TERVAL BETWEEN HSET AND DEATH
Canditians, if gave rise to cause (a), stating lying cause last	immediate but TO (c)							
CATIC	THER SIGNIFICANT CONDITI	ons contributing to DEAT	11 1	RELATED TO THE TERM	MINAL DISEASE CO	INDITION GIVE	N IN PART I(a)	PERFORMED?
OR CONTRIBUTION	AS UNDERLYING DEATH G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OC	CURRED. (Ent	ar nature af injury in	n Port I ar Port II a	f item 18 )		
ZOc. TIME OF INJU	10	20d. INJURY OCCURRED 2 White Nat while at wark of wark		F INJURY (Home, for treet, affice bldg., e		awn)	(County	y) (State
		ttended the deceased f						
22a SIGNATURE	General Chu	ne (		ATTENDING X	5 P.M. MED. S DIRECTOR P	TAFF HYS	4/24/1	61 . 226 DATE SIGNE
22c PHYS CIAN S NAME (Type)	1 CENAL	o chough .		121 Cathe	dral St.	Annapo	olis, Mo	d.
230. BUR.AL, CREMAT REMOVAL (Specif Burial	May 2,1961	23c. NAME OF CEMET Edwards Ch		emetery	23d OCATION	lis, Ma	ryland	(Stote)
Hanning H	ment of the state of the	ADDRESS	[0 Wrr ] 0 =		C'D BY REGISTRAR		TRAR'S SIGNATI	

the attending physician and campletely filled in by the funeral direct. Then please remove carban papers. Pages 1 and 2 should be filed and in any event, within 72 hours ofter death. ICIAN: The law requires that the death certificate be executed within 24 hours after death. attending physician. may be retained by the haspite artending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremation, or removal, TO HOSPITAL OR ATTENDING

VR A1S (4) 1SM 9/S9



may be retained by the haspit.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and none event, within 72 hours after death ICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Pag

3353

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

03848

ソ	1, 5	MARYLAND 2. USUAL WESIDENCE (Where developed rived. At Institution, Reddence before admission)
	1	RYRAL and give predicts lawn)  A TIME OF HOSPITAL United Carporate limits, write C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autiside carporate limits, write RIRAL and give nearest town)  A TIME OF HOSPITAL United in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
	1	& INSTITUTION KLENERAL HOPITAL 1
		NAME OF DECEASED Last 4. DATE OF Manth Day Year DECEASED (Type or print) Mattice 4. DATE OF DEATH 4-28 1961
	5 5	SEX 6. COLOR OR PACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Haurs Min.
	Z	. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY IN BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?  13. A COUNTRY?
	13.	FATHER'S NAME Harod Susan Harad.
	15. Yes	WAS DECEASED EVER IN U. S. ARMED FÓRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CLSABELL Natts Severa Parts
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:   Carely - Vanual Color   Color on Set and Death    IMMEDIATE CAUSE (a)   Carely - Vanual Color on Set and Death    ONSET AND DEATH
		Canditions, if any, which gave rise to immediate DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO
	7	lying cause last. (c)     Lestall
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES 1 NO
~	CERTIF	20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MED CAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) Haur a m.
		21.1 certify that (I) (this hospital) attended the deceased fram
1		220 SIGNATURE  ATTENDING MED STAFF SIGNED  ALTERDING DIRECTOR PHYS.   22b. DATE SIGNED
		NAMENTYPONY A LIEN 22d. ADDRESS CHILLIES IT
1	23a	BURIA, CREMATION 23b, DATE THEREOF 23 NAME OF CEMETERY OF CREMATORY, 23 TOCATION (City, town, or county) BURIA, (Specify) 5-4-1961 Carpenter Hall Round Bull
	24)	LELEAN SECSET INC. DATEMAY 1 '61 256. REGISTRAR'S SIGNATURE DATEMAY 1 '61

TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59



should fune I. PLACE OF DEATH . COUNTY # 2 p Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 write RURAL and give neerest town) .= = 4mos. 5 days Crownsville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) rbon papers. within 72 hou Crownsville State Hospital completely 3. NAME OF Midd e DECEASED (Type or print) Baker and con carbon Male 100. USUAL OCCUPATION (Give kind of work remove done during most of working life, even if retired) Unemployed 13. FATHER'S NAME Charlie James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: gned IMMEDIATE CAUSE (8) DUE TO aftending peen gave rise to immediate cause DUE TO (e), stating the underlying certificate has ir use as the to prior to buria 208. ACCIDENT WAS JNDERLY NG A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While --- Not While leath. Page 4 may be retain.

FUNERAL DIRECTOR: A lifector, page 3 should be detailed with the State Dept. of at work at work 9/10 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive 22a. SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION-OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Rasidence before edmissio Baltimore City Maryland c. CITY OR TOWN (If outside corporate tim ts, write RURAL and give nearest town) Baltimore d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO X 1726 Bradford Street 4. DATE Yaar OF DEATH 26 1961 James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BRITH 9. AGE (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Sep BIVORCED [ ] January 14, 38 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? South Carolina U.S.A. 14. MOTHER'S MAIDEN NAME Mamie Wilson 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Kecords INTERVAL BETWEEN ONSET AND DEATH Cerebrovascular Accident Chronic Brain Syndrome Associated with Arteriosclerosis PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? NO 🚽 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of neury in Part I or Part fl of item 18.) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) 4/26 1961, that (I) (we) last to. 22b. DATE SIGNED STAFF 4/26 6 D RECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Crownsville State Hospital, Maryland (State) 23a. BURIAL, CREMATION. | 23b. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

lirector, O.F.B VR A15 (4) 15M 9/60



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3855

## CERTIFICATE OF DEATH

03850

A 1.5	Reg. Dist. No. UUOUU
director	1. PLACE OF DEATH a. COUNTY Anne Arundel  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Anne Arundel
. 15	
LA Bed B	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)  c. LENGTH OF STAY IN 1b  RURAL and give nearest tawn)
p P P P P	Annapolis yrs. Annapolis
offe the sho	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?
d by	OR INSTITUTION Smithville Street 996 Smithville Street 95 No A FARM?  916 Smithville Street 996 Smithville Street
1 24 ho illed in es 1 an	3. NAME OF DECEASED (Type or print) Thomas Henry Jones Last DEATH April 15 1961
Pag Pag	S SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DEC. 24-1893  9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS  Male  Colored  WIDOMESE DIVORCED DEC. 24-1893
S. Selection of the se	Male Colored WIDOWED DIVORCED Dec. 24- 1893 67 Dirithdoy) Wonths Days Hours Min
cute ame ape th.	10a USUAL OCCUPATION (Give kind of work done done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
od c dea	Owster House -Laborer . A.A.Co. Maryland U.S.A.
be of an an an arban ter of	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
icio	Peter Jones Lidia ?
eertificating physicing physicing physicing physicing 772 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. None None None Address Dorthy Jones 916 Smithville St. Anna. Md.
andir ease hin	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
after after with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH
The There	
tha y y e	Conditions, if any, which) the Augusteener Condi Wood & sain Bullette 20 mg
res armi	gave rise to immediate DISTO
in i	lying cause last.
w relicia	, (9)
ohys os by ol-fr	Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
The removed the re	THE ACCORDING MALE AND PROPERTY OF THE PROPERT
AN:	CONTRIBUTING CONTRIBUTING () (IF EITHER, NOTIFY MEDICAL EXAMINER)
SICL afte as t as,	3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State)
is of market	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a m.  p. m.  19 All Not while at work at
ric photos	
After After ial,	21. I certify that I attended the deceased from 4/1/5, 1967, ta 4/1/5, 1967, that I last saw the deceased
FN The Tach	alive an
R ATT	SIGNATURE ACTUAL SIGNATURE M.D.
retain RAL DI shauld strar pi	PHYSICIAN'S NAME (Type) T.H.Johnson 37 Calvert Street Annaphlis, Md.
NE Be	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (Stote)
HOS may b FUN sage he re	Brewer Hill Annapolis, Maryland
5 5 5	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
VS A15 (4)	C.E. Hicks 111 Annapolis, Maryland DATE APR 21 '61 Citted & King

TO HOSPITAL OR ATTENDING may be retained by the haspital TO FUNERAL DIRECTOR After this page 3 should be detached for use VS A15 (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Plana MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 3857 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Relidenge before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN lift outside corparate limits, write c. LENGTH OF STAY IN 16 RURAC and give negrest fown) shoul d NAME OF HOSPITAL (If not in hospital, give street address d STREET ADDRESS IS RESIDENCE ON A FARM OR INSTITUTION YES NO 4. DATE OF DEATH NAME OF DECEASED Day Year Filled (Type or print) FUNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9 AGE (In years lost strigdoy) 5. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH Months WIDOWED | 100 USUAL OCCUPATION (Give kind of work dane 10). KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? forking aft, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. Address 17. INFORMANT attending INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which permit, (b) gned gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART IL. OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO F 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INSURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Doy, Year factory, street, affice bldg., etc.) Hour a.m. While Not while at wark ot work o m. 21. I certify that (1) (this haspital) attended the deceased frame ., that (I) (we) last saw the deceased alive an and that death accurred at M. from the causes and an the date stated above TO FUNERAL DIRECTOR: 22a. SIQINATA ATTENDING PHYS MED DIRECTOR STAFF PHYS M D 22d. ADDRES 22c PHYSICIAN'S page 3 shauld NAME (Type) 23b DATE THEREOF BURIAL CREMATION. 23d) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) the FUNERAL D. RECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATEMAY VR A15 (II) arthur S. Kines 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidence before admission) e. COUNTY e. STATE b. COUNTY Anne Arundel Baltimore City by the MERVIAND Marvland b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 23years 15days Baltimore .5 5mo. es filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital 1211 Mosher Street YES NO T efely 3. NAME OF DATE Month DECEASED OF (Type or print) Medora DEATH Kent 1961 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B DATE OF BIRTH last birthday) Months and Days Hours Female Negro WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work гетоув 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or torsign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. Maryland? None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Isaac Kent Margaret 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address Then oval, (Yes, no, or unkown) ((Ifyesgive werordates of service) Hospital Records Fhe 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Food Aspiration signed IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave risa lo immediata cause DUE TO (a), stelling the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 9 + PERFORMED? 90 Idiot with congenital syphilis and spastic epilepsy NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) 1 20d, IN, URY OCCURRED : 20e, PLACE OF INJURY (Home, ferm, : 20f. (City or town) (County) (Stela) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While\_\_\_Not\_While et work | et work 21. 1 certify that (I) (this hospital) attended the deceased from. 10/18 19 37, to 4/13 1961, that (I) (we) last DIRECTOR 19.61, and that death occurred at 9 AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE STAFF ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 22c, PHYSIC, AN S 22d. ADDRESS Hildegard Heard Reissman, M. D. Crownsville State Hospital, Maryland NAME OF CEMETERY OF CREMATORY 23d. LOCATION-IGNY, town or coupled 23e. BURIAL, CREMATION 1 23b. (State) REMOVAL (Specify) 0 950. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 15M 9/60

IND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND 4/64/01 PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN ( f outside corporale amits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURA and give neerest town) 35 vears Washington. D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, q vo street eddress)

District Training School, Children's

Benter d. STREET ADDRESS a. IS RESIDENCE ON A FARMS 1117 -2hth Street YES NO T 3. NAME OF Midd e 10 1961 Rov Klug April (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. (ast birthdey) Months male white WIDOWED ! DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 8 RTHPLACE (County & State, or foreign country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Institutionalized Washington, D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Klug Fannie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Ad dress (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Children's Center, Laurel, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Mental retardation NO [ 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Iam 18.) (Steta) 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, ferm, 20f, (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work | et work 22b. DATE 22a. SIGNATURE SIGNED ATTENDING April 10, 1961 DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Margaret W. Mola, M.D. Children's Center, Laurel, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Laurel. *surial* April REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

APR 1 7 '61

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DATE

by the tand 2 and 2 adeath. by th d ii filled i Pages completely and cor even physician please altending the burial-transit burial, cremation certificate SE use DIRECTOR: e 3 should the State D death. Page 4 n TO FUNERAL I director, page 3 be filed with the **VR A15 (4)** 15M 9/60



		CERTIFICATE OF DEATH  Reg. Dist. No. 2/55
dire directly with the directl		PLACE OF DEATH MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission)  o. STATE 5
death.		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Seven & Pay 12.  Language 1918.
by the f		d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS  ON A FARM?  YES \( \sum \) NO A FARM?  YES \( \sum \) NO B
illed in		NAME OF DECEASED (Type or print) Lease Henry 1/octher - 4. DATE Month Day Year OF DEATH april 29 1961
pletely firs. Pog		SEX    6. COLOR OR RACE   7. MARRIED   DIVORCED   B DATE OF BIRTH   Solve birthday   DIVORCED   DIVORCED   Fully 27 1883   9. AGE (In years lost birthday)   Months   Doys   Hours   Min.
execute nd cam on pape death.		D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  Develop landacin. Related Building Balls. MA 12. CITIZEN OF WHAT COUNTRY?  Les Balls. MA 12. CITIZEN OF WHAT COUNTRY?  Resulting from Macfor. Related Building Balls. MA 12. CITIZEN OF WHAT COUNTRY?
ician a e carba rs after	13.	FATHER'S NAME  Chegist Rollies - 14. MOTHER'S MAIDEN NAME  Lin Knawn -
certific ng phys remay 72 hau	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes, give wor or doles of service)  218-14-3557 Les & Rolling fr.  Address 324 Gyr JE  Les Bullet Bullet Wall
he death a attendi en pleas		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Couched I formarshage  INTERVAL BETWEEN ONSET AND DEATH Throughout
s that the d by the mit. The		Conditions, if any, which (b) Cardio - Vareular Discuse 10 424
require ian. in signe nsit peri		codes (a), stating the <u>under-</u> [ying couse tost.   (c)
he law physic has bee rial-tra noval,	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
HAN: I tending fficate the bu	L CERTIF	20s ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PHYSIC of Cert r use as	MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY (Hame, form, 20f. (City or town) (County) (State)  Haur a. m. 19 While Not work of work
NDING e haspid i: After iched fo urial, cr		21. I certify that I attended the deceased from 1940, to april 29, 1961, that I last saw the deceased alive on april 15, 1961, and that death occurred at & A. M. from the causes and on the date stated above.
R ATTE ad by the RECTOR be deto		ADDRESS (Street, city or town, stole) DATE SIGNED  ACTUAL SIGNATURE James S. Bellengstie M.D. 108 Centres On Flem Brusses Dr. Gry
retaine RAL Di shauld strar pr		PHYSICIAN'S James & Bellingstea M. 2 108 Central at Glam Barrer. Vid
D HOSPITAL may be reto bage 3 shau the registrar	22	Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  Burial, Specify 3 - May 1961 Lotraine Pork Cem. Baltimore, 1910.
VS A15 (4) 15M 9/5S	23	Richard V. Singleton Glen Burni, Md. DATE MAY 2 '61 Criting S. Krans



\* V .

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write BURAL and give nearest town) RURAL and give mearest town) should TS RESIDENCE d. NAME OF HOSPITAL (If not in hospita, give street address) d STREET ADDRES ON A FARM? OR INSTITUTION 25 YES NO 4. DATE NAME OF Middle Manth Year Day filled DECEASED DEATH Pages 19 death. (Type or print) IF JNDER TYEAR IF UNDER 24 HRS. 6 COLOR OR RACE B. DATE OF 9. AGE (In years 5 SEX 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours DIVORCED [ WIDOWED papers. 븅 cample 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF during most of working life, (ve) if retired) 12 CITIZEN OF WHAT COUNTRY? pub pau 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician emave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT ottending INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Canditians, if any, which gned gave rise to immediate per DUE TO cause (a), stating the undering physician. te has been sig buriol-transit ician. lying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? matian, YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) icafe 20e. PLACE OF INJURY (Home, farm, 20f (City or tawn) (State) TIME OF INJURY 20d INJURY OCCURRED (Caunty) Day, Year factory, street, affice bldg., etc.) Haur a m While Not while at wark at wark p m. to 1961 , 19 .\_\_, that (I) (we) last 19 and that death accurred at PM, from the causes and an the date stated above. saw the deceased alive an lay be retained by the FUNERAL DIRECTOR: 22b. DATE SIGNED ATTENDING PHYS STAFF MED DIRECTOR pe M D Board should 22c PHYSICIAN'S 22d. ADDRESS NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 230 BLR AL, CREMATION, 236 DATE THEREOF (State) MEMOVAL (Spec ann 25b REGISTRAR'S SIGNATURE

**ADDRESS** 

25a REC'D BY REGISTRAR DATE APR 4

0 15M 9/59

FUNERAL DIRECTOR'S SIGNATURE

within 24 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 3862 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND ÷ö ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RETRAL and give nearest (own) should d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO .5 NAME OF First Middle 4. DATE Lost Day Month Year filled ges 1 DECEASED (Type or print) DEATH completely popers. Pog 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. loss\_birthday) Months Days Hours Min WIDOWED K 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? foreign country) dusing most of working life, even if retired) PHO 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: to IMMEDIATE CAUSE (o) DUE TO á. permit. Canditions, if any, which 700 gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. buriol-transit PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18 ] OR CONTRIBUTING CAUSE OF DEATH ö 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while at work at work 2.5, 19.6/,that I last saw the deceased 21. I certify that-Lattended the deceased fram. and that death accurred at \_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) may be retained by FUNERAL DIRECT ACTUAL SIGNATURI 3 should PHYSICIAN'S NAME (Type) \_\_\_\_\_ 220 BURIAL CREMATION, 22Ь. DATE THEREO OF CEMETERY OR CREMATORY 22d. LOCATION [City, tawn, PREMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24h. MAY 2 arthur S. Thrank

VS A15 [4]

that the



	V.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•	11.		2863 CERTIFICATE OF DEATH Reg. Dist. No. ()3858
	NA	7.	COUNTY A. A. MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  A. A.
1	IVI		CLENGTH OF STAY IN the C. CENGTH OF STAY IN the C. CENGTH OF STAY IN the C. CONTOWN (If outside corporate limits, write RURAL and give nearest lown)  LEN SURVEY OF TOWN (If outside corporate limits, write RURAL and give nearest lown)
	ζ.		or INSTITUTION 30 4 1 Y A N d 304 Y A N d 304 Y A N P d STREET ADDRESS Y ES NO STREET
		3.	NAME OF DECEASED WILLIAM Middle WINTON DEATH April 18 1961
		5.	MALE White WIDOWED DIVORCED 73 DEC 1897   lost bighday) Months Days Hours Min
			USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OF INDUSTRY 11. BIRTHMACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY OF LOCAL PROPERTY OF WHAT COUNTRY OF WHAT COUNTRY OF LOCAL PROPERTY OF WHAT COUNTRY OF WHAT CO
,			WILLIAM F. LINTON 14. MOTHER'S MAIDEN NAME WILLIAM F. LINTON 125A HINTEN
i	(T)	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 177 INFORMANT.  O gluphown) 19 yes, give wor or doles of service) 05-07-6378 MINICELINE DISTRICK SLENES 304 18 YNN 15 70 d.
			18. CAUSE OF DEATH [Enter only one couse/per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) I energy Operations  ONSET AND DEATH  6 702
			Conditions, if any, which the Carcinoma of discending Packson 1 1400
			gove rise to immediate couse (a), stating the under- lying couse lost  DUE TO  (c) Runo Cardio Vascular decase.  241000.
		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED?  YES  NO  YES  NO
	1 1	L CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 White Not white of work of
			21. I certify that I attended the deceased from 1-2., 1960, to 4/18, 1961, that I last saw the deceased alive an 4/17/61, 19, and that death occurred at 1.50 A. M. from the causes and an the date stated above
	1		ACTUAL SIGNATURE AREA M.D. 47 Fullow Wir Fract Deal .
	1,		PHYSICIAN'S Dr. a.E. CAIAS Ballemore med.
	,	1	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, lown, or county) (Stote)
		23	ADDRESS DATE APR 20'61 CATHUR S. Hours
		-	



# R STATE TO DEPUTY MEDICAL EXAMINES. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing its ward "pending" in pendit in liem, 18. Give Pages 1, 2, and 3 to the foneral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or temoval, and in any event within 72 hours after death.

3864

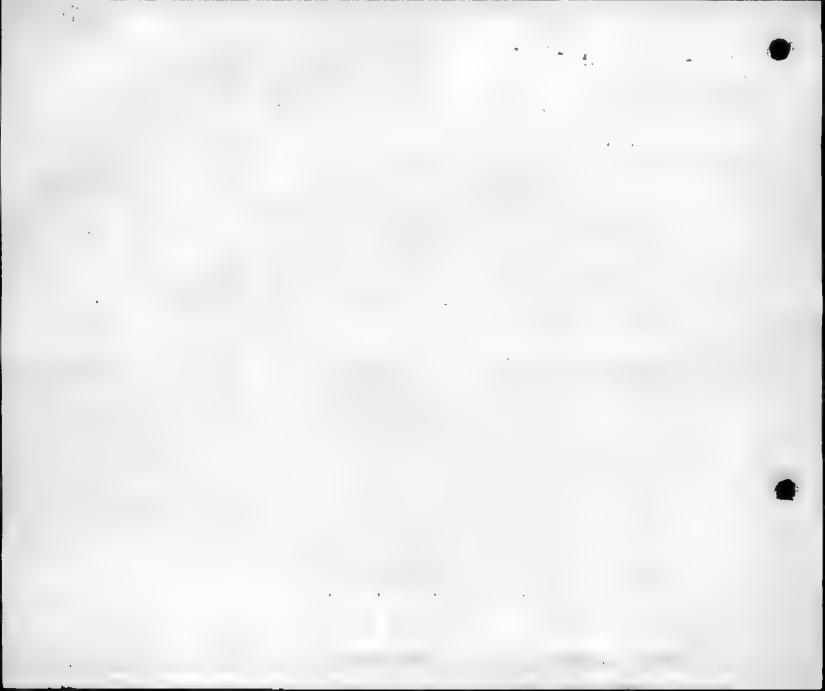
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1)	3	0	K	9
No.	U	U	0	U	39

	15						Reg. Dist.	. No. 17 00 E
I, PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where dece	ased lived. If institut	lian. Residence	e before admission)
o. COUNTY Anne	Arundel		MARYLAND	a STATE	Md.	b. COUNTY	ΔΔ	. And "
b. CITY OR TOWN P	autside corporale himite, write RUI	PAL	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside co	orporate limits, write	RURAL and gi	ive neorest town)
Mille	rsville	`**	2 years	X Mille	rsvill	e		
	LE OR INSTITUTION (If no	of in hasp	stol, give street oddress)	d. STREET ADDR	ESS			. IS RESIDENCE
White	Gables, R	te.3	3	/ Whit	e Gabl	es, Ate	3	ON A FARM?
3. NAME OF DECEASED	First		Middle	Lost	4. DATE	Month		Doy Yeor
(Type or print)	Sandra	3.	Kay	Looker	DEATE	Apri:	1 27	1961
5. SEX		MARRIE	D NEVER MARRIED 🔀 8			9. AGE (In years		EAR IF UNDER 24 HRS
B.	Ww	IDOWED	DIVORCED [	Mar.19,	1951	ion' I'O yrs.	Months Da	rys Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work done	10b, KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreign	country)	12. CITIZEI	N OF WHAT COUNTRY
during most of working	nt			Balti	more		USA	A
13. FATHER'S NAME				14. MOTHER'S MAIL				
Edwar	ed L. Loc	oker		Eve	lyn	Ogle		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	57 16. S	OCIAL SECURITY NO. 17. H	NFORMANT		Address		
no	none	rati	+ M	r. Edwar	d Looke	er. same	as 2	
18. CAUSE OF DEAT	H (Enter only one couse p	er line fi		-				INTERVAL BETWEEN
PART 1. DEAT	H WAS CAUSED BY:	Acut	e pulmonary i	nfection				ONSET AND DEATH
225.4	DUE TO	<u> avu</u>	A DAMINITAL A T	HE BE BEON				Few days
Conditions, if on		Mone	colian Ament					* 1.0
gave rise to immed	iote cause	TIOITE	ATTENT WHENT					Life
(a), stating the u	nderlying (c)							
Z PART H, OTH		ONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIVE	EN IN PART 30	(e) 19. WAS AUTOPSY
Š								PERFORMED?
PART H, OTH  OTH  OTH  OTH  OTH  OTH  OTH  OTH	SE WAS ITRIBUTING []	ESCRIBE	HOW INJURY OCCURRED (E	ater noture of injury i	n Port F or Port	il of item 18.)		
20c. TIME OF INJUR	Y Month, Day, Year			CE OF INJURY (Home	form, 20f. (Ci	ty or town)	(County	y) (State)
Havr o.m.	19	While of wor	k ☐ of work ☐	ory, street, office bldg	., elc.)			
	at I took charge of		emains described abo	ve, held an Au	opsy $\square$ .	Inspection K	Inquiry	X, and in my
			ouses TX Accident		_	e 🔲, Undeter		Notation 1
/		11	)		j, mannera	- D, Oliderer	mileo ma	inter [_]
ACTUAL	ustane Ho	10	ele M	RED.	AL EXAMINER	- 4/20/I	61	DATE SIGNED
EXAMINER'S NAME (Type)	G. H. Faul	ert	, M.D.		EDICAL EXAMINER	G.LO	n Burn	ie, d.
770. BURIAL, CREMATION REMOVAL (Specify) BUT1a1	4/30/61	3	Mt. Olivet			ATION (City, lown, or		(Stote)
29. FUNERAL DIRECTOR'S	- de la contraction of the contr	100	ADDRESS		REC'D BY REGIS	rederick	TAR'S SIGNA	ATURE
Hopping	and Kirkle		Glen Burnie		MAY 1	101	Elma & A	
The second secon	THE PARTY OF THE PERSON OF THE	-7 8 60		a. ATAGE DAT			- L. /	ULWANE

VS. A15ME 5M 2/57





2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY

1. PLACE OF DEATH
a. COUNTY

may be retained by the haspital and another of the formal physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directory page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING

VR A1S (4) 15M 9/59

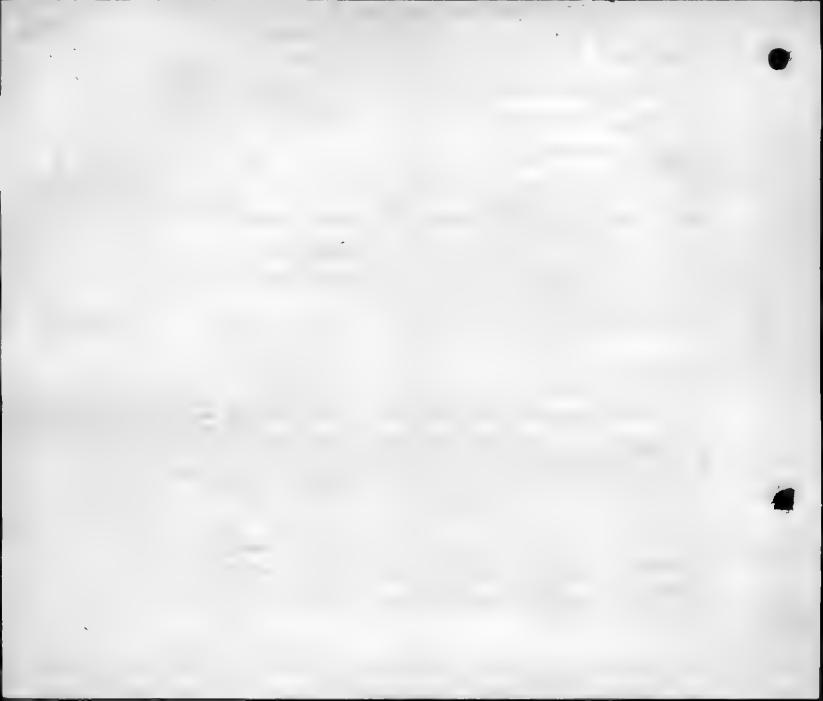
3.7

		/ IN THE PROPERTY OF THE PROPE							
	Ŀ	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)							
	(	d. NAME OF HOSPITAL (If you in haspital, give street address)  d. STREET ADDRESS  o. IS RESTDENCE ON OF FARM? YES [] NO M.							
		NAME OF DECEASED   First   Middle   Lost   4. DATE OF DECEASED   Type or print)   Middle   Mi							
	5. 5								
	10a	USJAL OCCUPATION (Give kind of weck done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12 CITIZEN OF WHAT COUNTRY?  COUNTRY?							
	13	FATHER'S NAME							
기	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  To or financial (II yes, give wor or deles of service)  Mrs. Beatrice N. Hebden-15 Riggs Road							
		18. CAUSE OF DEATH [Enter only one couse per line for (o) 4b), and (c) ]  PART I, DEATH WAS CAUSED BY, CONSET AND DEATH  IMMEDIATE CAUSE (o) CLOSE OF MALPOCONIC CONSET AND DEATH							
	Conditions, if ony, which) (b) Sepherlewsene C. V. Desage								
		gave rise to immediate couse (o), storing the under lying couse lost.  DUE TO  Ser - Extereoscorools							
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES   NOTICE   NOT							
		20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o. m. While Not while at work of work at work 19 at work 19 Not work 19							
		21 I certify that (I) (this hospital) attended the deceased from 1900 to 4-2000, 1900, that (I) (we) last saw the decessed alive on 4-2000 1900, and that death occurred at 7 AM, from the couses and an the date stated obave							
		276 SIGNATURE  ATTENDING MED STAFF SIGNED  276. DATE SIGNED							
		220 PHYSICIAN ROBERT R. Halm Severus Porte My							
	В	DEURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Pikesville, Maryland (Side)							
-	24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250 REGISTRAR 256 61  DATE  250 REGISTRAR'S SIGNATURE  Living 2. Three							



hours after death.

requires that the death certificate



	3868	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No. 863
1	1. PLACE OF DEATH o. COUNTY	MARYLAND	a STATE W	ere decleased lived. If insti	tutian. Rougence befare admission)
	b CITY OR TOWN (1) outside carporate limit RURAL and give nearest town)		c. CITY OR TOWN (11/0	utside carporate limits, writ	e RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION	ve street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print)	(MM1)	Owens	OF DEATH	Month Day Year 4 /5 196/
		7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9-22-189		yrs. Manths Days Haurs Min
	10a. ÚSÚÁL OCCUPATION (G ve kínď af work d during most af warking (Ter kvýn if retirel) DOMENIEM	one 10b. KIND OF BUSINESS OR IND	Maryka	nd	12. CITIZEN OF WHAT COUNTRY?
`	13. FATHER'S NAME Themas	oneus	14. MOTHER'S MAIDEN N	obeth (1	pramo
	15. WAS DECEASED EVER IN U. S. ARMED FORC	rvice)	Emelia C	noeris;	Bristol MA
	PART 1. DEATH Enter only one coupling the part 1. DEATH WAS CAUSED BY:	rse per line far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO	Eighyperra	A Branch	ectasis	1040
	PART II OTHER SIGNIFICANT COND  1 200 ACCIDENT WAS UNDERLYING  200 CONTRIBUTING  CONTRIBUTING CAUSE OF DEATH  CONTRIBUTING CAUSE OF DEATH  CONTRIBUTING CAUSE OF DEATH	BUTTONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	nal disease condition	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N
		206. DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in I	Part 1 or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yea Hour a. m. p. m.		PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.		(Caunty) (State)
	21. I certify that I attended the alive an			//	that I last saw the deceased and on the date stated abave.
	ACTUAL SIGNATURE PHYSICIAN'S	BOCK	M.D. Information	martron,	md 154/6)
	PAME (Type)  220 BURIAL, CREMATION, 225. DATE THEREOF THE MOVAL (Specify)  23.) FUNERAL DIRECTOR'S SIGNATURE	F 2268 NAME OF CEMETERY  ADDRESS	Cemeton	22d. LOCATION (City, 10)	egistrar's Signature

C Thur S. Kraus

may be retained by the haspitate attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. ICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag TO HOSPITAL OR ATTENDING !

VS A15 (4) 15M 9/58



VR A1S (4) 1SM 9/59

IV.	IA	ΚT	LAP	שו
DIVISION	OF	STA	TISTIC	AL

3869

# AND STATE DEPARTMENT OF HEALTH TICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03264

	1. PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WHO SHAPE Y Land	ere deceased lived. If institution b. COUNTY	Residence before admission) Le Arundel			
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade	c. LENGTH OF STAY IN 16	Odenton	utside corporate limits, write RUR	AL and give nearest fown)			
	d NAME OF HOSPITAL (If not in hospital, give street or institution  U.S. Army Hospital	oddress)	d street address 133A Dunr	oven Trailer Þa	e. IS RESIDENCE ON A FARM? YES NO X			
	3 NAME OF DECEASED (Type or print)	PATRICK	PIERCE	4. DATE Month OF DEATH APRIL	Day Yeor 19 19 61			
	s. sex 6. color or race 7. marr Cau widowe	HED NEVER MARRIED D	8. date of Birth 16 Apr 61		JNDER 1 YEAR IF UNDER 24 HRS.  Aonths Doys Hours Min			
	10c. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Mar y1		12 CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME William Pierce		Nancy Ell	Len Snider				
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. [If yes, give war or dates of service]		NFORMANT Pather (133A D	Address Junroven Trailer	Park Odenton, Vo			
	Marked Mr. CAGSE (0)	sive subdural	hematoma seco	ndary to tentor	ial			
	Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause lost.		disease with	common ventricl	e 3 days			
	Part II other significant conditions of Cleft palate - Hypospace	dius with chore	dee - Undescer	nded testis	I IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES A NO			
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE						
			ACE OF INJURY (Hame, farm ctory, street, office bldg., etc		(County) (State)			
	21. I certify that (I) (this hospital) attended the deceased fram 16 Apr 151, tal 9 Apr 19.61, that (I) (32e) last sow the deceased alive an 19 Apr 19.61, and that death occurred 3:38 M, from the causes and on the date stated above.  220 SYMATURE  ATTENDING MED DIRECTOR STAFF 19 Apr 61  221 ADDRESS  SHERMAN S. ROBINSON, Capt., M.C. USA Hosp Ft Geo G, Meade, Md.							
	23g BURIAL CREMATION, 23b DATE THEREOF	ADDRESS	1/6 Cornel	230 LOCATION [City, town, or of the control of the	county) (State)			
	65.6-Belas. R. 4, 12	interiorder	67.10 DATE AS		hun S. Kraus			
	2011110							



TO HOSPITAL OR ATTENDING ANY SICENIT. The law requires that the death certificate be executed within 24 hours after death. Page A may be retained by the hospital attending physician and campletely fitled in by the funeral direction. After this campificate has barn signed by the attending physician and campletely fitled in by the funeral directions as should be detoched far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 [4] 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND							
3278 CERTIFICATE OF DEATH	03865						
1. PLACE OF DEATH O. COUNTY  Anne Aruhlel MARYLAND  2. USUAL RESIDENCE (Where deceased lived If instite to STATE Deceased lived If institution in STATE Deceased lived If it institution in STATE Deceased lived It in							
b CITY OR TOWN (If outside corporate limits write RURAL and give negrest town)  C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  DEALE MO	te RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO						
DECEASED	Month Bay Frear 1961						
5 SEX Male 6. COLOR OR, RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 189/ 19. AGE (In year lost birthdo 70)	y) Months Days Hours Min						
10a. USUAL OCCUPATION (Give kind of work done during most of working ife, even if retired)  FARMER  Shay 5/0 E	US A						
CHARLES ANDREW PROCTOR MARY Emily	Welsh						
15 WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dotes of service) 216-09-6240 Mrs James E. Proctor	Deale, Mel						
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Melanoma of the liver (meligina)  DUE TO	ent) interval Between onser and Death						
Conditions, if ony, which gave rise to immediate couse (a), stating the <u>under-lystate</u> DUE TO lying cause lost. (c)	XC Mide						
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
	)						
20c. TIME OF INJURY Manth, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, 20f. (City ar town)   4   4   4   4   4   4   4   4   4	(County) (State						
21. I certify that (I) (this haspyal) attended the deceased from Dec 1 1960, to Clavel saw the deceased alive an Will 13 1961, and that death accurred at RPM, from the causes	and an the date stated above						
220 SIGNATURE- MED ATTENDING MED DIRECTOR STAFF PHYS	4/226 DATE SIGNEI						
PAME (Type) WILL ARD F. SMITH, MD 22d. ADDRESS Shady Sid	e, Md. 16						
230 BJR AL, CREMATION 236. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town REMOVAL (Spec by) APRIL 15, 1961 ST JAMES TRACE	15 Md						
	EGISTRAR'S SIGNATURE  Inchur S. Kraus						



after death;

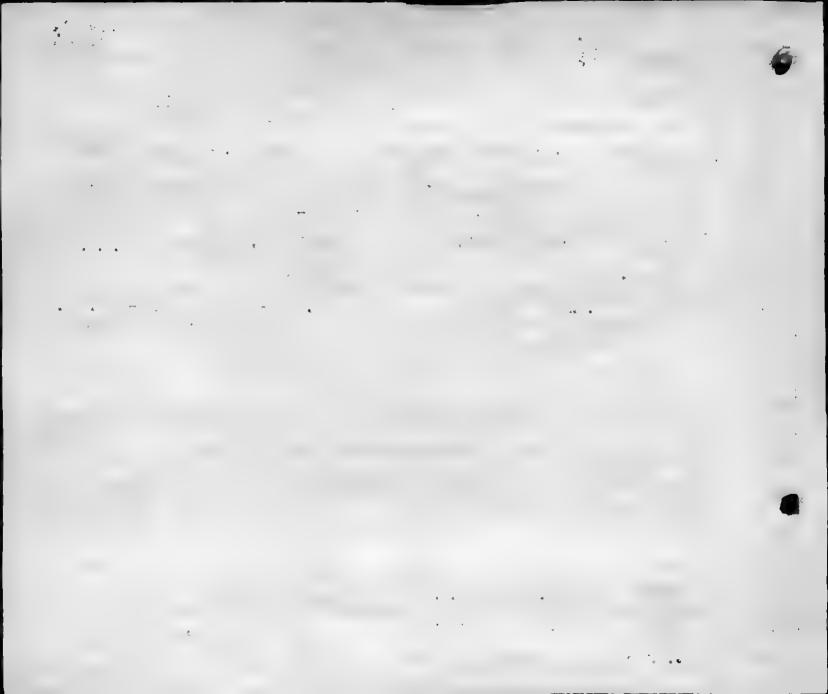
HOSPITAL OR

O



	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESION STREET, BALTIMORE I, MARYLAND
FOR STATE	3872 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH 13867
ALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission
Page es.	Anne Arundel MARYLAND	* STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (if outs.de corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
S necto		Route 3 Annapolis
dip dip	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address)	d. STREET ADDRESS Bayo. IS RESIDENCE
a Bo	Redwood Rd Arundel on the Bay	Redwood Rd Arundel on theyes No
funda tata	3. NAME OF First Middle	Last 4. DATE Month Day Year
fan ihe reta de S	DECEASED (Type or print) (Type or print)	DETE PEATE Annal 20 10 61
1 5 5 T	THUMAS NOAL	REID DEATH April 29, 19 61  B. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
d 3 with	7. MAIDRED TO NEVER MARRIED	last birthday) Months   Days   Hours   Min.
S an	Male   Colored   WIDOWED   DIVORCED	March 2301929   32 yr.
2 F	TOB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Pac l	Doctor Of Veterinary Medicine	Frederick Co. Maryland U.S.A.
M3. Name of the second of the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5 8 2 8 T	Paul P. Reid	Ruth Cruse
FE OF FE	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address
J will find the state of the st	Yes W.WII Unknown C:	arolyn S. Reid- Arundel On Bay-Anna. Md.
Uter Ville and Ville	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
in in line in	PART I, DEATH WAS CAUSED BY,	of the neck and head
notil alcal	091.	or the neck and head
Id to De rial	976X DUE TO	
P. Q. G.	Conditions, if eny, which (b)	
ing ing sx's ss a	(a), stelling the underlying DUETO	
Fical end min ed a	cause lost. (c)	
Exa Exa e us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY PERFORMED?
ris c	5	YES NO .
E Significant	20h. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	(Enter nature of injury in Pert E or Pert II of Item 18.)
T ST	SHOU SELL IN	head
Military Brown	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
N S S S S S S S S S S S S S S S S S S S	Tounteur a.m. While Not While 1:45 75% 4/29 1961 of work of work	House Anne Arundel Md.
icate, to the prior	21. I certify that I took charge of the remains described above, he	eld an Autopsy 🔀 Inspection   Inquiry   and in my opinion
	death resulted from: Natural causes , Accident , Suid	
		CHIEF MEDICAL EXAMINER 🔀
12 2 > H	ACTUAL SIGNATURE Rusself & Frahen	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE	MD ASSISTANT MEDICAL EXAMINER [
DEPUTY ME ase execute the chould be for- rUNERAL D its designated	EXAMINER'S Russell S. Fisher, M.D.	DEPUTY MEDICAL EXAMINER [ 5/1/61
Se a coulc	220. BUR,AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	- Address (Street, city, town, or county)  R CREMATORY   22d, LOCATION (City, town, or country)   (Stete)
	REMOVAL (Specify)	
5440g	Burial May 2-61 Fairview  23. FUNERAL DIRECTOR  ADDRESS	Frederick, Maryland  246. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
VS. ATSME		
5M 9/60	C.E.Hicks 111 Annapolis, Maryland	DATE MAY 5 '61 Cithur S. Kroun

MARYLAND STATE DEPARTMENT OF HEALTH



2273

PLACE OF BEATH   COUNTY   ARK UNDER   MARYLAND   COUNTY   MARYLAND		0	010		CERTI	ICA	IL OI DEAT	• •		0 -	000
DESCRIPTION OF STATE IN IDECTION OF STATE IN IDECTI								Where deceased		esidence before i	admission)
b. CITY OR TOWN If outside corporate limits, write RURAL and give necrest flown)  NAME OF PROSPITAL (if not in haspital, give street address)  OR INSTITUTION		ANNE	ARUNDE	= /	MARY	LAND	100	D	A NA	ARUNI	DEL
A NAME OF INSTITUTION  IN NAME OF DECEASED (Type or print)  NAME OF DECEAS				limits, write	c. LENGTH OF STAY	IN 1b			te limits, write RURAL	and give neares	it town)
d. NAME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address)  J. AME OF HOSPITAL (I Hodi in haspital) give street address and street add		1 1 1 1 1			6 mos		DOENT	ON	12		
NAME OF DEATH   STATE   STAT		d. NAME OF HOSP	ITAL (If not in haspit	tal, give street ad						e.	IS RESIDENCE
DECEASED (Type or print)  ATEMINE  S SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED		A 1.1	- DA	NER			Box 2	21-A.			
Tops or print)  CATEME  S SEX  6. COLOR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  DIVORCED   NOVORED 1   B. DATE OF BIRTH  DIVORCED   NOVORED 1   B. DATE OF BIRTH  DIVORCED   NOVORED 2   B. DATE OF BIRTH  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  Marrish Days Hours Min  Marrish Days Hours Min  Marrish Days Hours Min  Marrish Days Hours Min  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  Marrish Days Hours Min  Marrish Days Hours Min  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  Marrish Days Hours Min  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  Marrish Days Hours Min  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  Marrish Days Hours Min  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  Marrish Days Hours Min  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  Marrish Days Hours Min  DIVORCED   NOVOR DIGINE INTERIST VANDER 72 RMS  DAYS HOURS TO BEATH TO BEATH MAS DAYS HOURS AND DEATH MIN DAYS HOURS AND DEATH MIN DAYS AND DA	3	NAME OF		First	Middle		Last		Month	Day	Year
S SEX    S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   D. DATE OF BIRTH   9. AGE (In year)   FUNDER 24 HE VINDER 24 HE V			CATER	ME	F.		Rileu	DEATH	APRIL	2	1961
DION COLORED IN (Sive ind of work done)  100 USLAL OCCUPATION (Sive ind of work done)  101 USLAL OCCUPATION (Sive indied work done)  102 USLAL OCCUPATION (Sive indied work done)  103 USLAL OCCUPATION (Sive indied work done)  104 WORFE IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. INFORMANT  115 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. INFORMANT  115 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. INFORMANT  116 CAUSE OF DEATH [Enter only one course per lips for (o), (b), and (c)]  117 INFORMANT  118 CAUSE OF DEATH [Enter only one course per lips for (o), (b), and (c)]  119 CAUSE OF DEATH (Sine only one course per lips for (o), (b), and (c)]  120 Canditions, if any, which gave rise to immediate course (o), stoling the index (b)  121 DELTO  122 CAUSE OF DEATH (Sine only one course per lips for (o), (b), and (c))  123 PART II OTHER SIGNIFICANT CONDITIONS CONNERDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (o), IP WAS AUTOPSY (C) THE PROPERTY OF CONNERD TO THE TERMINAL D.SEASE CON	\$	SEX			D NEVER MARRI	ED 🔲	B. DATE OF BIRTH	9		-	-
Address   Addr	F	emale	White	WIDOWED	DIVORCE	□□	March 2-1	876		nths Days F	lours Min
HOUSE WIFE, DANN HOME BALTIMORE MA.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c)]  PART I. DEATH WAS CAUSE BY:  PART I. DEATH WAS CAUSE BY:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(o).  19. Canditions, if any, which gave rise to immediate couse (o), stroling the under lying cause lost  19. Canditions of the significant conditions contributing to DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(o).  20. ACCIDENT WAS UNDERLYING.  20. CONTRIBUTING III CAUSE OF DEATH  19. ON THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(o).  20. ACCIDENT WAS UNDERLYING.  20. CIME OF INJURY Month, Doy Year 20d INJURY OCCURRED.  20. ACCIDENT WAS UNDERLYING.  20. CIME OF INJURY Month, Doy Year 20d INJURY OCCURRED.  20. PLACE OF INJURY Home, form.  20. TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED with a sown the deceased drive on Month with a sown the deceased drive on Mon	10c	USUAL OCCUPAT	ON (Give kind af warking life, even if re	rark dane 10b. Kl	IND OF BUSINESS O	DR INDUS	TRY 11 BIRTHPLACE (Sto	ate or foreign cou	niry) 1:	2 CITIZEN OF W	HAT COUNTRY?
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15. WAS DECRASED EVER IN U. S. ARMED FÖRCES?  NONE  Mrs. Stavley Clark. SAMe as Note as Note and an ecouse per line for (o), (b), and (c)  PART I, DEATH WAS CAUSE BY  IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gave rise to immediate couse (o). The properties of the prop	13.	FATHER'S NAME		. 1			14. MOTHER'S MAIDEN	N NAME	,		
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250 REC'D BY REGISTRAR

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256 REGISTRAR'S SIGNATURE

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ADDRESS

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Home

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors a shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. ICIAN: The law requires that the death certificate be executed within 24 hours ofter death. attending physician. TO HOSPITAL OR ATTENDING may be retained by the hospita VR A15 (4) 1SM 9/S9

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2. FUNERAL DIRECTOR'S SIGNATURE Jing leson Funeral Robert P. Was



filed ō funeral Should 26 in b filled Pages within campletely papers. executed Puo carbon of i physician requires that the deoth certificate ottending á Ė been signed **burial-transit** Pas s certificate ő Ę detoched buriof FUNERAL DIRECTOR: 2 3 shauld page 0 VS A15 (4)

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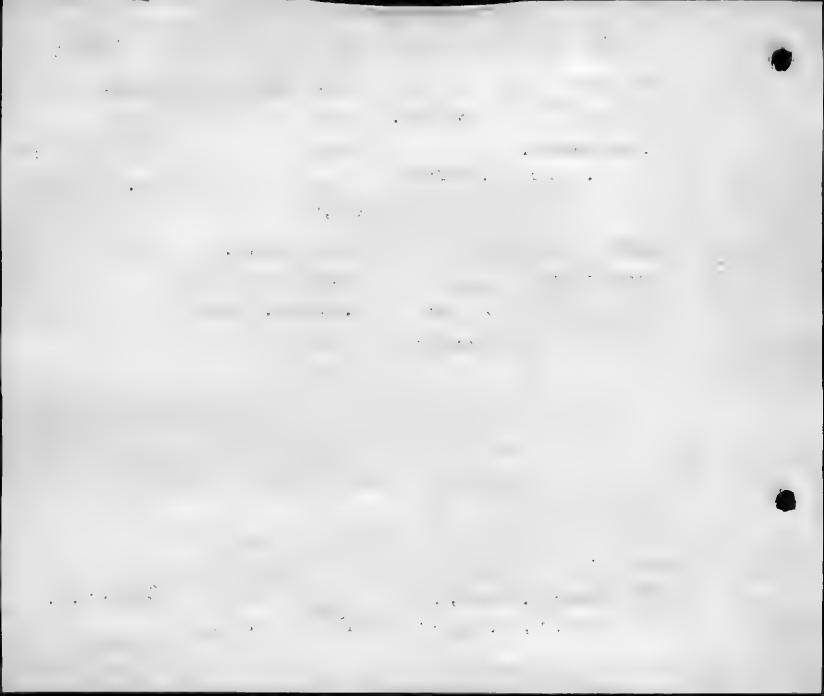
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2875 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH b COUNTY a. COUNTY a. STATE MARYLAND CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 Butside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN RLIRAL and bive negrest town) shauld NOVE e. IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) d STREET: ADDRESS ON A FARM? OR INSTITUTION 25 O YES NO T ₽. NAME OF First Middle Lost DATE Manth Day Year filled DECEASED OF Pages 1 DEATH death. (Type or print) 19 E UNDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH AGE (in years law birthday) 7. MARRIED NEVER MARRIED completely Months Days Haurs event, within 72 hours after WIDOWED [ (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? fareign country) ond corban 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME physician remave 17. INFORMANT 15. WAS DECEASED S. ARMED FORCES? 16. SOCIAN SECURITY NO. attending please any CAUSE OF DEATH [Enter only one cause per ligatfor (a), (b), and (c)." INTERVAL BETWEEN DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO à Canditions, if any, which permit (b) Bas been signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. buriol-transit attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPST PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20d ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH rafe (IF EITHER, NOTIFY MEDICAL EXAMINER) ő 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or town) (County) (State) Day, Year factory, street, affice bldg., etc.) Haur a.m. While Nat while at work at work p. m. detached far 21. I certify that (I) (this haspital) attended the deceased fram. that (1) (we) last M, from the causes and an the date stated above. page 3 shauld be detached the State Baord of Health saw the deceased alive an and that death accurred at, FULLERAL DIRECTOR: 22b DATE 3 shauld be M.D PHYS. 22d ADDRES: 22c. PHYSICIAN'S NAME (Type) GEMETERY OR CREMATORY /DATE THEREOF BUR AL, CREMATION (State) EMOVAL (Specify) 0 24. FUNDRAL DIRECTOR'S ADDRESS.

requires that the death certificate be executed within 24 hours after death.

VR A15 (4) ISM 9/59



### STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) This certificate should be executed within 24 hours after death. If any delay in necessary word "pending" in pencil in flem 18, Give Pages 1, 2, and 3 to the funeral director, Page dical Examiner's Office along with form PM3. Page 5 may be retained for your files, and be used as a burial-transit permit. File pages 1 and 2 with the State Board of Pagin. a. COUNTY m. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Aundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give naerast town) ${f Linthicum}$ 2y and 6m. Same d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RES DENCE d. STREET ADDRESS ON A FARM? YES NO 309 N. Camp Meade Rd. Same 3. NAME OF Middle DATE Month DECEASED OF Mrs. Catherine A. Smallwood (Type or print) DEATH 61 19 April 6. COLOR OR RACE 7. MARRIED THEYER MARRIED JE LINDER 24 HRS. last birthday) Days DIVORCED Nov 17, 1868 Vrs. 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife File pages -USA-13. FATHER'S NAME Edward Cogrove Agnes Donoghue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no. or unkown) (Ifvesqive war or dates of service) Mr.Charles H. Linshicum 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: General arteriosclerosis IMMEDIATE CAUSE (a) DUE TO if any, which (b) gave rise to Immediate cause DUE TO (a), stating the underlying cause last. cremation, PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to buriel, cremating the state of the control o NO I 2De. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part or Part II of item 18.) PRIMARY TO OF CONTRIBUTING T CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd, INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 2Df. (City or lown) (County) (State) factory, street, office bldg., etc.] While Not While et work at work ease execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀 Inquiry | Tr and in my opinion DEPUTY MEDICAL Suicide death resulted from Natural causes X Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) NAME (1996) Gustave H. Faubert M.D. 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF Glan Burnia CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Govans Buuial .1961 St Mary's **V** O Baltimore Md Cemetery more may 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADD 17'61 Cuthur S. Thrus 23. FUNERAL DIRECTOR VS. AISME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If 'nautition, Residence before edm ssion) e. COLINTY Page b. COUNTY any delay is necessary, Anne Arundel Maryland files. MARYLAND b. CITY OR TOWN (if oulsida corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) funitral director. Your write RURAL and give negrast town) Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital State YES NO DE 3. NAME OF M ddle Last 4. DATE Month DECEASED OP (Type or print) CARRIE SMTTH DEATH 19 67 Apri. ₩.H 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 65 Vrs Months Female March 11. DIVORCED [ Se So 10a. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? PM3. Page .. form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address winkown) | [If yes give wer or detes of service] 18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c).] INTERVAL BETWEEN e along I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Subdural Hematoma IMMEDIATE CAUSE (a) Office loval, DUE TO burial Conditions, if any, which (b) gave rise to immediate cause pending. DUE TO (a), stating the underlying 10 cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? 20 writing the word NO Medical CERTIFICA pino 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Passenger in motor vehicle accident. to the Chief 20d. INJURY OCCURRED \_20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY (County) (State) Month Day, Year factory, street, office bldg., etc.) While Not While at work Street Annapolis Md. at work prior 21. I certify that I took charge of the remains described above, held an Autopsy or Inspection Inquiry and in my opinion DEPUTY MEDICAL forwarded to DIRECTO Undetermined manner death resulted from: Accident X Suicide Homicide Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DO should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, NAME (Typa) Address (Streat, c'ty, town, or county) 27a. BLRIAL CREMATION! DATE THEREOF 22d. LOCATION (City, fown, or country) (Stala) DEMOVAL (Specify) O 40 REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE V5. A15ME 5M 7/59 en viney & France



ILOR ATTENDING PASSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITA	may be re	TO FUNERA	page 3 sho
VR 15	A¹ M	9/5	9

CERTIFICATE OF DEATH	
1. PLACE OF DEATH  a. COUNTY  MARYLAND  2. USGAL RESIDENCE (Where deceased lived If instraction of STA)  b. COUNTY  b. COUNTY	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  B. COTY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	re RURAL and give nearest town)
G NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) FLANCIS MALGARET Smith DEATH	Month Day Year Z 4 196/
S SEX 6 COLOR OR RACE 7. MARRIED □ NEVER MARRIED □ 8. DATE OF BIRTH 9 AGE (In year lost, birthdor lost, birthd	IF UNDER TYEAR IF UNDER 24 HRS  Manths Days Haurs Min.
186 USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY TO BIRTHPLACE (State or foreign country)  Housever (State or foreign country)	12.C TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Stevens 14. MOTHER'S MAJOEN NAME In ances 3/1 +	Stevens
15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes. no. ) Transport  (If yes. gave war or dates of service)  (If yes. gave war or dates of service)	Address Of 68 arma No.
18 CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c) ]	INTERVAL SETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
Conditions, if ony, which (b) Deserve	2 4-60
gave rise to immediate couse (a), stating the under- lying couse lost (c) Planeraley & Critaroscle	ary
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c FIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a m.    P m.   19   19   20d. INJURY OCCURRED   20e PLACE OF INJURY (Hame, farm, 20f. (City ar town) factory, street, affice bldg., etc.)   19   19   19   19   19   19   19   1	(County) (Stole)
21 I certify that (I) (this haspital) attended the deceased front 10 19 ta 4 - L + saw the deceased alive an 19 19 and that death accurred at M, from the causes	and on the date stated above
22a. SIGNATURE  ATTENDING MED DIRECTOR STAFF PHYS	22b. DATE SIGNED
122c PHYS CIAN S NAME (Type) A T ALLE N (22d. ADDRESS Cathe det	
230 BUR AL CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. MODATION 1914, town BEMOVAL (Specify) 4-27-1961 Buradosch William	and Mar
24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  DATE  MAY 1 '61  DATE  ADDRESS  ADDRESS  ADDRESS  DATE  MAY 1 '61	PGISTRAR'S SIGNATURE CLOTHING & FLAMA



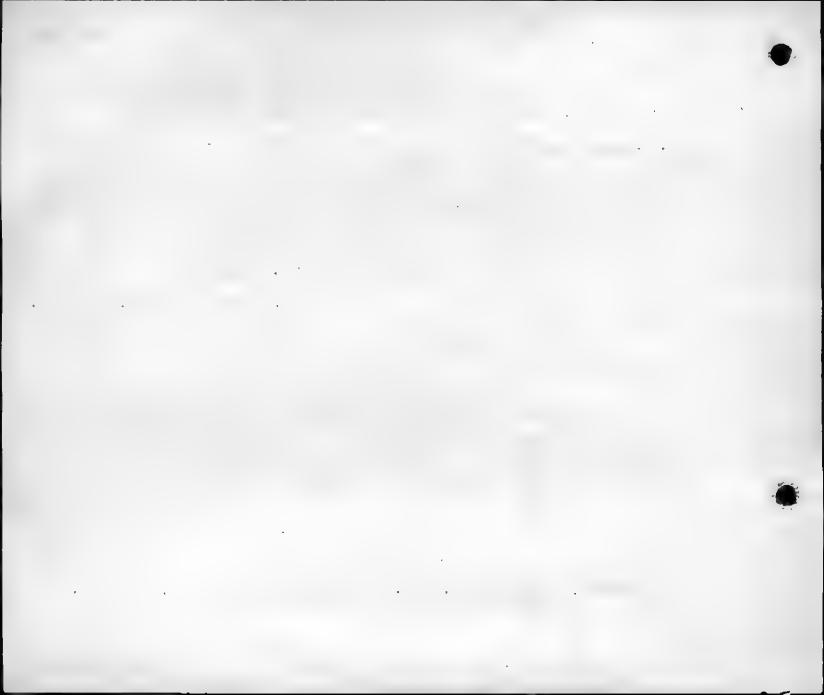
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. p/st. NJ 3875 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before gamission) a COUNTY h COUNTY MARYI AND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWNAIL dutside corporate limits, write RURAL and give negrest town) RURAL and give nearest town? 6 days Jessup, Maryland d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION Md. House of Correction Hospital YES TI NO T NAME OF Middle 4. DATE Month Dav Yeor SPENCER (Type or print) DEATH 26 19 / 5. SEX IF UNDER ! YEAR IF UNDER 24 HRS. A COLOR OF RACE 7. MARRIED T NEVER MARRIED R DATE OF RIPTH 9. AGE (In years last birthday) Months DIVORCED | Male negro WIDOWED IZ 81 10a. USUK OCCUPATION (Give kind of work done 16b. KIND OF BUSINESS OR INDUSTRY 11 BIR HPLACE (Stole of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address CANSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL RETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: a EREBRO VASCULAR DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) (Stote) Hour o. ft. foctory, street, office bldg., etc.) While Not while at work at work D. M. 4 - 26, 19 6/ that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 1 24 M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) AUTUAL SIGNATURE PHYSICIAN'S 1213 Light St., Baltimore 30, Md. Domingo C. Sorongun NAME (Type) BURIAL CREMATION, 22 DATE THEREOF 22d/LOCATION (Cir towns of county) (Stole) 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Orthur S. Krous DATEMAY



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution, Residence before admission) . PLACE OF BEATH a. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Baltimore City b. City OR TOWN (if outs de corporate rimits, & LENGTH OF STAY IN 16 c CIY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerest town) yrs. 28 days Baltimore Crownsville 10mo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Unknown YES NO X Crownsville State Hospital 3. NAME OF DATE Middle Month DECEASED OF (Type or print) DEATH Mary Thomas 19 61 4 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last birthday) Months Days Hours Negro DIVORCED [ July 4, 1882 Female WIDOWED TO 10a USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) U.S.A. Maryland Huknowa 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown) [ (Ifyasgivawarordatesolservica) Hospital Records 1213-12-0993D 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which General Arteriosclerosis (b) gave rise to immediate cause DUE TO (a), stating the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES TO NO Chronic Brain Syndrome Associated with Arteriosclerosis 20a ACC.DENT WAS UNDERLYING \_\_\_\_\_ 20b. DESCRIBE HOW NIJRY OCCURED (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING \_\_\_ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year Whila Not While factory, streat, office bldg., etc.) Hour a.m. at work a work ..... 1953, to .4/13..... 1961, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from. 5/15 19 61, and that death occurred at 2:10, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital, Maryland NAME (Type) Benedict. 1 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) BURIAL, CREMATION, | 236 DATE THEREOF MOVAL (Specify) .SH. Burial Grounds /18 Crownsville Burial Maryland 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR S. S. GNATUR Crownsville State Md., Supt. Ward. Hosbital Maryland

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DIRECTOR:

FUNERAL.

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director, be filed

please attending

Pages 1 a



#### LAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, if institution; Ras denca before admission) Page e. COUNTY a. STATE b. COUNTY This certificate should be executed within 24 hours after death. If any delay is necessary, word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page Anne Arundel and 3 to the funeral director, Pag may be retained for your files. MARYLAND b CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your write RURAL and give nearest town? ö Churchton U Churchton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) may be retained for 2 with the State Boar d. STREET ADDRESS death. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) THOMPSON DEATH April GLINTON 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years LIF UNDER 1 YEAR last birthday) Months Page 5 m 72 hours D.VORCED Male Colored L WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) URCHTON LABORER pages form PM3. 13. FATHER'S NAME ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) I ([fyasqiyawerordelasofsarvica) along with 18. CRUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: and MMED, ATE CAUSE (a) Acute alcoholism Office **DUE TO** burial removal, (b) geva rise to immediate cause ro. DUE TO (e), stating the undarlying Examiner N IO cause lest. be used cremation, PART II. OTHER S ON HEART CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION writing the word Medical should 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Part I or Pert I, of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief MEDICAL 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) should be forwarded to the Chit FUNERAL DIRECTOR Page factory, street, office bldg., atc.) Whila Not While el work et work prior ease execute the certificate, DEPUTY MEDICAL EX 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Fisher, M.D. Russell NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF DEMOVAL (Specify) 40

VS. A15ME

5M 7/59

22d. LOGATION (City, town, or country 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ariling S. Thousa

Anne Arundel

Day

10.

e. IS RESIDENCE ON A FARM? YES NO

61

Yaer

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

10/61

(State)

YES

(County)

12. CITIZEN OF WHAT COUNTRY?

JE UNDER 24 HRS.



## MARYLAND STATE DEPARTMENT OF HEALTH

DATE

CERTIFICATE OF DEATH

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CIT-ZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(Stote)

22b, DATE

(State)

SIGNED

PERFORMED? YES NO M

(County)

Manths

# 15 RESIDENCE

ON A FARM? YES NO T

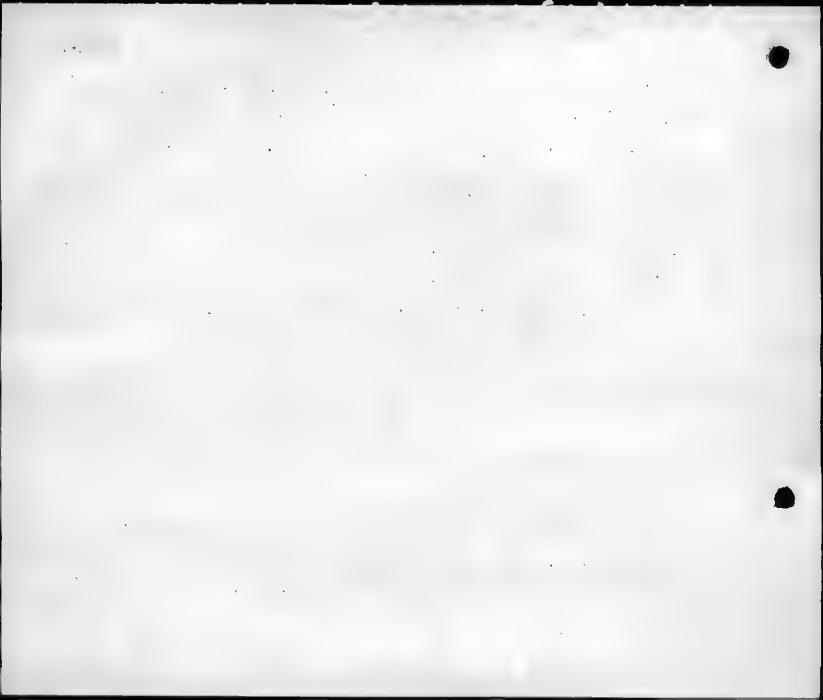
Year

19 4

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION .≘ 4. DATE NAME OF Middle Month DECEASED DEATH (Type or print) 9. AGE (In years lost birthdoy) 5. SEX 6. COLOR OR RACE MARRIED TINEVER MARRIED 8. DATE OF BIRTH WIDOWED T DIVORCED [ papers. 19a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired pup ban 72 h 9 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME B .E physician NOWN remove 17. INFORMANT Address ARMED FORCES? WAS DECEASED EVER IN 1201 attending 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO permit Canditions, if any, which gned gove rise to immediate **DUE TO** couse (a), stoting the underlying couse last **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc. Hour om Not while While at wark of wark p. m. may be revained by the hasp to TO FUNERAL DIRECTOR: After the page 3 should be detached far the State Board of Health prior 21. I certify that (I) (this haspital) attended the deceased fram IC-27 126\_\_\_\_ta and that death accurred at AM, from the causes and an the date stated above. 191 saw the deceased alive an. 220 SIGNATURE ATTENDING PHYS DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23b DATE THEREOI 23g BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY town, or county) REMOVAL (Specify) 24 EUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR

VR A15 (4) 1SM 9/59

executed within 24



# FOR STATE LITH DEPT.

Sec. 18

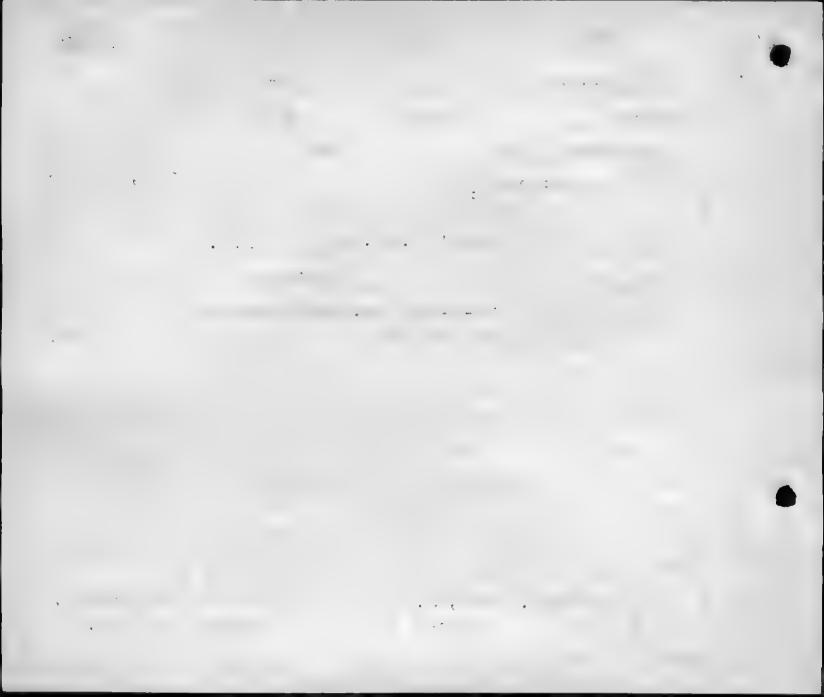
TO DEPUTY MEDICAL EX NER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be formarded to the Chief Medical Examinant's Office along with form PM3. Page 5 may be remined for your files. TO FUNERAL DIRECTOR: Fage 3 should be used as a burial-transit permit. File sages 1 and 2 with the State Board of Heart, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 Fours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03880

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)									
	a. STATE Same Sa E0									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (.f outside corporate limits, write RURAL and give nearest town)									
Baltimore 25 2 months	Same									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?									
11 Second Avenue	Same YES NO.K									
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year									
(Type or puni) John Edgar Trace	DEATH April 3rd, 19 61									
	DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR, IF UNDER 24 HRS.									
WIDOWED DIVORCED	5/10/13   last birthday) Months Days Hours Min.									
	5/19/13 Y, 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY)									
done during much of sending life areas if entire it (										
Meat Cutter   Edd 185 Sup. Fra C	Franklin County, Pa. USA									
13. PAINER 3 NAME	14. MOTHER'S MAIDEN NAME									
John Trace  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. E  (Yes, no, or unknown) (Ifyesgive werordelasofservica)	Hattie Moats									
102 02 2115 Me	rs. Beulah Trace (wife)									
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN									
PART I. DEATH WAS CAUSED BY: Coronary Occlusion	ONSET AND DEATH Sudden									
DUE TO										
Conditions, if any, which \ (b)										
geve rise to immediate cause										
(a), stating the underlying	(a), stating the underlying DUE TO									
W The state of the	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19. WAS AUTOPSY									
FAR II. OTHER SIGNIFICANT CONTROL TO DEATH OF NO.	PERFORMED?,									
[5]	YES NO 🔼									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ntar natura of injury in Part I or Part II of itam 18.)									
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State)									
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. 9 el work at work	pry, streat, office bldg., atc.)									
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry . and in my opinion									
death resulted from: Natural causes . Accident . Suici										
	CHIEF MEDICAL EXAMINER									
SIGNATURE Gustane Africhestus.	ACCICTANT MEDICAL EVAMINED TO DETE GIGNED									
SIGNATURE	_ M.D.									
EXAMINER'S NAME (Typa)										
228. BURIAL, CREMATION, CLES BATT THEREOF FAUTE TO NAME OF CEMETERY OR	Address (Street, city, town, or county)  CREMATORY    22d. LOCATION (City, lown, or county)   (Steta)									
REMOVAL (Specify)	Charles and house									
Burial   4/7/61   Norland Cer	netery   Chambersburg, Penn.									
Howard H. Hubbard 4107 Wilkens Ave	nue									
Tionald II. Nubbally Tiof withells ave	DATE APR 5 '61 Challing & Kroup									



MARYLAND STATE DEPARTMENT OF HEALTH Division OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3600 OR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY and 3 to the funeral director. Page and 3 to the funeral director. Page is may be retained for your files. a. STATE b. COUNTY death. If any delay is necessary, Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Park | 4. 15 RESIDENCE d. STREET ADDRESS ON A FARM? Old Annapolis Rd., Maryley Park Old Annapolis Rd., Marlews No 3 NAME OF Middle Last 4. DATE Year DECEASED OF (Typa or print) DEATH DONALD THOMAS THENER 19 April 61 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years ) IF UNDER 1 YEAR IF JNDER 24 HRS last birthday) Hours and 2 hours ve Pages 1, 2, and Male Colored WIDOWED DIVORCED X 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Baltimore, Maryland U.S.A. in pencil in Item 18, Give Pages Truck Driver File pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Justin Plato Turner Ethel Johnson This certificate should be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass permit. (Yes, no, or unkown) (Ifyasgivawarordatesofservica) Office along with burial-fransit permi Mr. and Mrs. J. No P. Turner (parents) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lung abscess with empyema complicating chronic and pancreatitis RUK ROK removal. Conditions, if any, which gave risa lo immadiata causa "pending" 60 DUE TO (a), stating the undarlying 35 Examiner cause last. PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTORSY CERTIFICATION PERFORMED? writing the word " e Chief Medical Ex Page 3 should be u но Г 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f., (C.ty or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) forwarded to the Chit L DIRECTOR: Page fectory, street, office bldg., etc.) 0 While Not While Hour e.m. at work prior ease execute the certificate, DEPUTY MEDICAL EX 21. I certify that I took charge of the remains described above, held an actional systems. Inspection and in my opinion agent, Natural causes X Suicide Undetermined menner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER TX designated ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED should be for FUNERAL 1 DEPUTY MEDICAL EXAMINER 4/**1**0/63 Russell S. Fisher, M.D. NAME (Type) Address (Streat, city, town, or county) 228, SURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) O 40 6 VS. A15ME Ortlan S. Frank 5M 7/59



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e. IS RESIDENCE

Hours

USA

INTERVAL BETWEEN ONSET, AND DEATH

WAS AUTOPSY

(Stote)

PERFORMED? YES NO NO

that (I) (we) last

(Stote)

22b DATE

5 GNED

Days

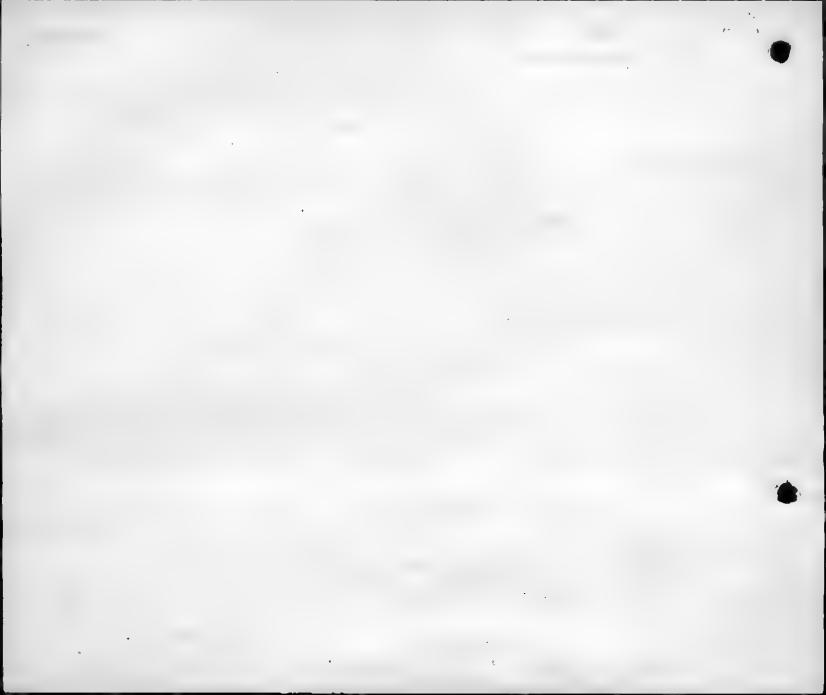
(County)

ON A FARM?

YES NO X

Year

VR A15 (4) ISM 9/59

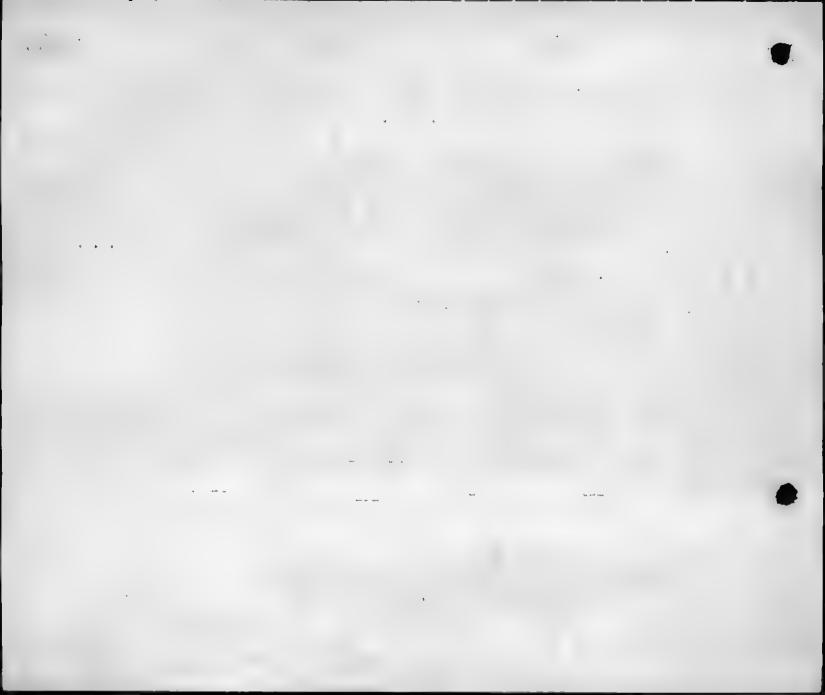


1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
EOR STATE	3887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg, Dist. No.03883
HELTH DEPT.	1. PLACE OF DEATH  o. COUNTY  O. STATE THE STATE OF COUNTY  O. STATE OF COUN
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
is neces	d NAME OF HOSPITAL OR INSTITUTION (II not us hospital grape street address)  2977 January Crit St. 29 Manument St. VES NO E
the function of the function of the State of	3. NAME OF DECEASED (Type or print) Shired Y S. Watkeys DEATH 4 DATE Month Day Year 1961
th, If ar and 3 to 5 may b 2 with hours aft	5. SEX  6 COLOR OR PRACE  MARRIED   NEVER MARRIED   B. DATE OF BIRTH  FROM SUDOWED   DIVORCED   6-18-1755   9. AGE (In years life Under 14 April 1994   Hours   M. n.  WIDOWED   DIVORCED   6-18-1755   9. AGE (In years 15 Under 14 April 1994   Hours   M. n.
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Iffinia 24 18. Giv with fo mit. Fil in any a	[10. Merel ] [1] (II yes, give wor or dates of service)   Returne   Parties   Parties
cuted w	PART P. DEATH WAS CAUSED BY: 10 MAPPING - 3rd Bluens Servin
uld be exe in pendi i ner's Offic buriol-tra or remov	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO
cate sho ending" if Exami and as a emotion	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO.
is certificated "powered "powered "powered "powered powered po	200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING   206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of stem 18 x love LAUSE OF DEATH.  LOVE AFFICIAL CAUSE WAS
or to by	3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 120f, (City or town) (County)  Hour o, m. 4-5 18c/ of work at work at work 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10c,
EXAMI c. writi ded to th DR: Pog ent, pr	21. I certify that look charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes . Accident Suicide , Homicide . Undetermined monner .
EDICAL Certifica forward DIRECT of ed ag	ACTUAL SIGNATURE
VERAL design	EXAMINER'S F. L. Nh AR A DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER STATE OF ST
or its	220 BURIAL CREMATION. (226 DATE THEREOF 220 MAME OF CEMETERY OR CREMATORY)  PREMOVAL (Specific) 4-1-61 Security Superior (Superior) (Superior)  23. FINNERAL DIRECTOR'S SIGNATURE  7. ADDRESS / 240. REC'D BY REGISTRAR V26. REGISTRAR V36. REGISTRAR
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			ೆರೆರಿ8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR ST	DEPT.		Reg. Dist. No. 13884
8 8 £		1. 0	ACCE OF DEATH  2. USUAL RESIDENCE (Where speciated livers. If institution-speciation)  o. STATE M 3 TURALLY 6 COUNTY (1)
F Ses	M	Ь	FIX OR TOWN (If ourside corporate limits, ye is gurat c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest fown)
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neces al dire for y		يُ	. NAME OF HOSPITAL OFINSTITUTION (If not in hospital) give street oddress)  9 110 minutes to the street oddress)  129 110 minutes to the street oddress of the street oddress oddress of the street oddress oddr
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If only 3 to If any be with the treate	i	25	Missing Months Days Hours Min.
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Page Page and in 72			Original of working life, even if retired) agreement and a company of the contract of the cont
oges PM3.	T	13.	PATHORS NAME  14. MOTHER'S MAJORY NAME  14. MOTHER'S MAJORY NAME  14. MOTHER'S MAJORY NAME  14. MOTHER'S MAJORY NAME
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A TON A COLUMN A COLU			18. CAUSE OF DEATH [Enter only one cause per lime for (o), (b), and (c).]
Hem Gloralita		Н	PART I. DEATH WAS CAUSED BY: MADELINE CAUSE (0) (MADELINE) - Ho die believe from
il in fice frons	1		9/6.0 DUE TO
re de la	•	Ш	Canditions, if any, which against to immediate couse (b)
in in inc.		П	(a), stating the underlying DUE TO cause last.
as and as a short		3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
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ord properties of the control of the	C	CERTIF	20s. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING   20b. DECEMBE HOW INJURY OCCURRED (Enter noture of injury in Port It of Itam 18.)
Though the		CAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20c. PLACE OF INJURY frome, Form, 2016 (City or town) (County), (State)
8 3 C 20	36.	MEDICAL	Hour a.m. 4-8- 1941 of work of work of work
AMI			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my
OR: OR:			opinion death resolled from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
HIGG NO.			ACTUAL CHIEF MEDICAL SYAMINES (7) DATE SIGNED
AFD Cert For DIR			SIGNATURE
e the			EXAMINER'S FL WARK VT. DEPUTY MEDICAL EXAMINER \$4-5-61
shau its		270	PEURIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 270 OCATION (City, town, or toynty) (51014)
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VS A15ME		15	N. 00
5M 2/57			Wham Letaly - Cang. The DATE BATT IS ONLY S. MARCO

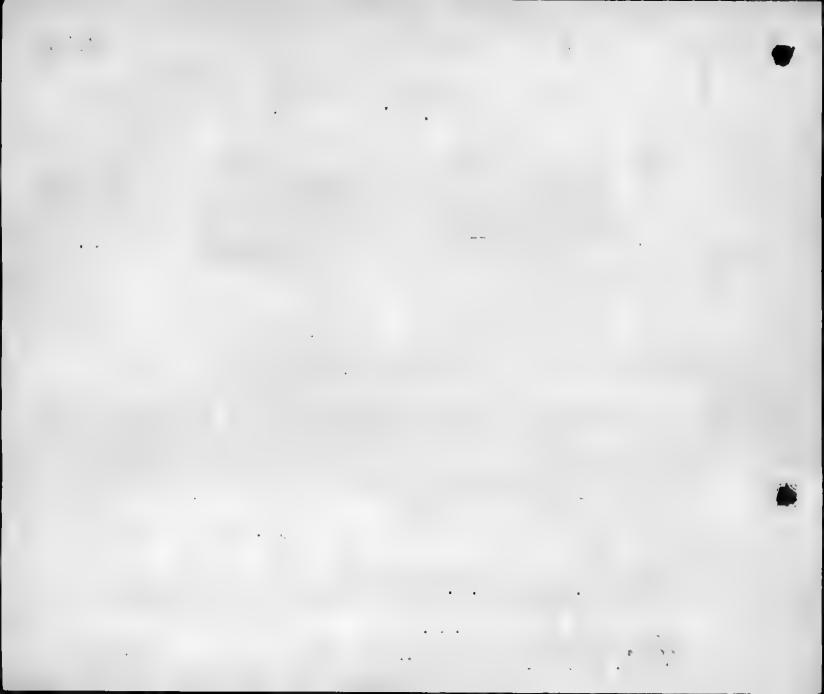
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PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH fullera 7. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH B. COUNTY b. COUNTY a. STATE by the and 2 death. Anne Arundel MARYLAND Maryland Baltimore City A b. CITY OR TOWN (if outside corporate l'm'ts, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 ò write RURAL and give nearest town) 10mos.24 days Baltimore .5 -Crownsville Pages 1 filled i d STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give streat address) ON A FARM? Unknown YES NO TO Crownsville State Hospitan 3. NAME OF Last 4. DATE Middie DECEASED OF Blanche White 61 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR. IF JNDER 24 HRS. 5. SEX last birthday) Female WIDOWED [ 1889 DIVORCED [ physician 10a, USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign country) 112. C TIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Virginia U.S.A. Domestic 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME please altending and John Edward Smith Priscilla Fillman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT Address Then (Yes, no, or unkown) (Ifyasgivewarordalasofservice) Hospital Records Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e (b) end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrovascular Accident IMMEDIATE CAUSE (a) Syphilitic + Arteriosclerotic Cardiovascular Disease geva risa to immediate causa DUE TO (a), stating the underlying hospital or certificate har PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1,8] 19. WAS AUTOPSY PERFORMED? NO 20a. ACC DENT WAS UNDERLYING DOR CONTRIBUTING DOWN CAUSE OF DEATH LIFE EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW IN. LRY OCCURED. (Enter natura of injury in Part I or Part II of Iam 18.) 20d. INJURY OCCURRED 20a. PLACE OF NIJRY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month Day Year factory, straat, office bldg., atc.) Not While While Hour a.m. at work at work DIRECTOR: 21. | certify that (1) (this hospital) attended the deceased from.. ... 5/10 ....19 61, and that death occured at P.M. from the causes and on the date stated above. saw the deceased 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR K PHYS. /61 PHYS FUNERAL 22d. ADDRESS 22c PHYSICIANS L. Benedict. M. NAME (Type) Crownsville State Hospital. Maryland director, be filled 23d. LOCATION (City, lown or county) (Stata) 23a. SURIAL, CREMATION 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) C.S.H. Burial Grounds 0 Crownsvilla Maryland H 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) .H. Maryland 15M 9/60 arthur S. Frank Ward, M. D. Superintenden

certificate

MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13897

	_		
		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if 'nstitution: Residence before admission) a. STATE b. COUNTY
		Anne Arundel MARYLAND	Maryland Anne Amundel
/		b. CITY OR TOWN (if outside corporate l'mits, write RURAL and give neerast town)	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give rearest town)
2	,	Millersville	Green Haven
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.va street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	_	Knollwood Manor	9th Avenue YES NO 2
		NAME OF DECEASED Winnie MAY Middle Wh	itekilisi 4. DATE Month Dey Year
		With the state of	DATE OF SIRTH 2. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
	٥.	Fortal a White	lest birthdey) Months Dave Hours Min.
	1De	The state of the s	May 22, 1882 78 yrs.
	do	the during most of working life, even if refired)	II. BIXTHYLACE (County & State, or fore gn country)
	13.	Housewife	Applegarth, Dorchester Cty. U.S.A.
]		Thomas Lewis	Elizabeth Dean
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17. II	NFORMANT Address
	_		rs. Dolores Baker 9th Ave. Green Haven
		1B. CRUSE OF DEATH [Entar only ona cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND, DEATH
		PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (6)  CENTINAL	
		DUE TO	
		Conditions, if eny, which ) (b) ATHEROSCE	EVE LOSIC. YEARS.
		geva risa to immediate ceuse DUE TO	
		cause lest. (c)	
,	NOI		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED?
	CA	MYPERT EWSLOW  200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURED.	YES NO (A), (Enter neture of injury in Pert I or Part II of Item 18.)
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, tenser neture of intusty in Ferr 1 of Ferr 11 of Neur 15.7
	CAL		CE OF INJURY (Home, farm, '20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While teck	ory, streat, office bldg., atc.)
		21. I certify that (I) (this hospital); attended the deceased from	4 1 1961; to 4 10 , 1961, that (I) (we) last
		saw the deceased alive on 4/8 1961, and that	death occurred at
ži.		22°. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
1		G-(HURPH - Jewy blunch - M.	D PHYS. DIRECTOR PHYS. 4 11107.
H		22c. PHYSICIAN'S NAME (Typa) GENARD CHURCH	121 (ATHERAME ST ANNAPOLIS NO.
	231	B. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	
5		REMOVAL (Specify) Rurial 4/13/61 Cedar Hill C	emetery Brooklyn, Md.
*3	34	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		Caymond Carblen Burnie, Md.	DATE APR 1 4 '61 Cirilium S. Kraus

TO HOSPITAL OR ATTEND SPHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retain 1, 1 he hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please earbon papers. Pages I and 2 should be detached for use as the burial-transit permit. Then please earbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

M



. IS RESIDENCE ON A FARM?

YES NO 7

61

Yeer

19

Hours

JF UNDER 24 HRS.

WAS AUTOPSY PERFORMED?

(State)

NO TO

15M 9/60



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Chillen & Kroma

App 2 5 '61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH 3893 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND Anne Arundel Maryland Anne Arundel ō b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give represt fown)
Annapol is should Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 4 Colonial Avenue YES NO K = 4. DATE NAME OF First Middle Lost Month Day Yeor filled DECEASED WILSON 4 1961 Roy (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (in years completely lost birthday) Months 9-8-104 Doys Hours Male Colored WIDOWED TY DIVORCED [ 56 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.AL \*\*\*\*\*\*\*\*\*\*\* Lunenbury Co. Va. Construction-Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ada Wilson Ash Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 2 213-07-2382 No Hospital files 18. CAUSE OF DEATH [Enter only one couse per line for (o): (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **OUE TO** Ë day Conditions, if ony, which (6) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) ő 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20d INJURY OCCURRED 20f. (City or town) Doy, Year (County) (Stote) Hour a.m. While Not while ol work of work for 21. I certify that I attended the deceased from 19\_\_\_\_that I lost sow the deceased detached and that death occurred at \$7.6 olive an M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior should PHYSICIAN'S registror 37 Calvert Street, Annapolis, Md. NAME (Type) Theodore Johnson. 3 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Annapolis, Maryland 1-24-61 Hill Burnal Breser 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Annapodis, Md.

pup physicion requires that the death certificate ottending á signed been 105 FUNERAL DIRECTOR: HOSPITAL o 9 VS A15 (4)

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after death. funeral

C.E.Hicks 111

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CERTIFICATE OF DEATH

03890

arling S. Kraus

	3894 CERTIFICATE OF DEATH Reg. Dist. No.										
1	. PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MARYLAND	2. USU/ o. ST			d lived. If institution b. COUNTY	Anne		
Ī	b. CITY OR TOWN	(If outside corporate limit	ts, write	c. LENGTH OF STAY IN 16	c. CI	TY OR TOWN (IF o	outside corpo	prote limits, write R	JRAL and giv	e negresi i	own)
	Anna	polis		5 days	X	RURAL	- Ser	verna Parl	2		
	d. NAME OF HOS OR INSTITUTION Anne Aruno	PITAL (If not in hospitol, g			d. 5'	Rt-2. Bo	ox-525	5		10	RESIDENCE N A FARM?
1	NAME OF	Fire		Middle		Lost	4. DATE	Mon	th	Day	Year
	(Type or print)	Paul			WOCKE	NFUSS	OF DEATH	Apri	1	17	1961
	. SEX		7. MARR	IED NEVER MARRIED	8. DATE C			9. AGE (In years lost birthday)	IF UNDER 1		NDER 24 HRS.
	Male	White	WIDOWI	DIVORCED	Apri	1 18, 188	32	78 yrs.	Months D	loys Hou	ms Min,
ī	Oo. USUAL OCCUPAT	ION (Give kind of work o	done 10b.	KIND OF BUSINESS OR INDI			or foreign o	country)	12. CITIZ	EN OF WE	AT COUNTRY
	Plumber	orking life, even if retired)	Go	vernment		German	UT		1	J.S.A	
1	3. FATHER'S NAME	1 (12.00)			14. MC	THER'S MAIDEN					*
	Freder	ick Wockent	ใบธร			U	nknow	п			
-	5. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMA	NT		Add	ess		
	(Yes, no. or unknown)	NAX NX NX		2 01 0165 A	lbert	t E. Wool	kenfu	SS			
	Conditions, if gove rise to couse (o), stolic lying couse los	immediate g the under-	M	Jenoschenke	ufs	Leary !	Disea			5 %	Jeans
١	PART II. (	OTHER SIGNIFICANT CON	2MOITIDI	CONTRIBUTING TO DEATH BU	IT NOT REL	ATED TO THE TERM	INAL DISEA	SE CONDITION GIV	'EN IN PART '	PEI	AS AUTOPSY REORMED?
-	200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	RED. (Enter I	noture of injury in	Parl I or Po	rt II of item 18.)			
	20c. TIME OF INJ	1. 10	While	NJURY OCCURRED 20e. F	PLACE OF II	NJURY (Home, form et, office bldg., eld	n,   20f. (Cil	y or town)	(Co	ounty)	(Stote)
	actual signature	that I attended the April 17.	deceas , 19	ed from April 1 51, and that dead Abellina		ed ot6:15P	M, fro	m the causes of Street, city or town,	and on the		
	PHYSICIAN'S NAME (Type)	Richard I.				Annapoli					
	REMOVAL (Speci	El st. Apr		Glen Haven	-	tery	Gler	Burnie,	Mary	land	Stote)
	3. FUNERAL DIRECTO	OR'S SIGNATURE /		ADDRESS		240. REC	D BY REGIS	TRAR 246. REGI	STRAR'S SIGN	NATURE	

Glen Burnie, Md.

DATESPR 2 4 '61

r attending physician. certificate has been signed by the ottending physician and completely filled in by the funeral certificate has been signed by the ottending physician and completely filled in by the funeral certificate has been signed by the ottending physician and completely filled in by the funeral certificate has been signed by the ottending physician and completely filled in by the funeral certificate has been signed by the ottending physician and completely filled in by the funeral certificate has been signed by the ottending physician and completely filled in by the funeral certificate has been signed by the ottending physician and completely filled in by the funeral certificate has been signed by the ottending physician and completely filled in by the funeral certificate has been signed by the ottending physician and completely filled in the certificate has been signed by the ottending physician and completely filled in the certificate has been signed by the ottending physician and completely filled in the certificate has been signed by TO HOSPITAL OR ATTENDIN may be retained by the has TO FUNERAL DIRECTOR. After the described to described.

VS A15 (4) 15M 9/55

